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HAMPSHIRE COUNTY COUNCIL HEALTH AND SCHOOL HEALTH SERVICES, 1968

ANNUAL REPORTS OF THE COUNTY MEDICAL OFFICER AND
PRINCIPAL SCHOOL MEDICAL OFFICER - Dr. I. A. MacDOUGALL, O.B.E.



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Cover:—The photograph is of Claylands Ambulance Training School and part of the training range. The two Ambulance men in the foreground are the winners of the National Ambulance Competition in 1968. Photograph by John Cox, Technical Assistant, Health Education Section.

HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORT of the COUNTY MEDICAL OFFICER and PRINCIPAL SCHOOL MEDICAL OFFICER for the year 1968

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1968, covering both the Health and School Health Services.

Following on the practice in my last two Annual Reports to high-light a particular aspect of the work of the Department, I am in this issue including two most interesting contributions, one written by Dr. N. M. Bailey, Senior Medical Officer, entitled "The Health of Children under School Age," which I am confident you will find of great interest for not only does it touch on the present position but looks to the future and the several ways, including the greater use of the computer, whereby we can ensure an ever increasing improvement in the care of these most important members of the community. The second special article has been contributed by Mr. G. E. Turner, County Ambulance Officer, on the County Ambulance Service. Again this is a most forward looking article which I strongly commend to your attention. As you will know during this year the Hampshire County Ambulance Service won the Regional and National Ambulance Competitions and it seems to me most fitting that the photograph on the cover of this Report should depict the Ambulance Training School and the two men who won the Cup.

The School Health Section of this Report has once again been most ably written by Dr. Bacon and contains as usual an interesting and detailed account of the health of the County's school population. In this regard it is interesting to note (See Table 32, Page 43) that following the introduction of the vaccination against measles the notification figures of this disease for the last quarter of 1968 and the first quarter of 1969 show a very promising indication of the success of this prophylactic procedure.

I am indeed most grateful to the various members of my staff who have contributed sections of this Report and in particular to Mr. Lloyd, my Chief Administrative Assistant, who so ably co-ordinates our various literary efforts as editor.

I express my very sincere thanks to all the members of my staff for their help and hard work, and, in conclusion, my gratitude to the Chairmen and members of the Committees associated with the work of my Department for their help and encouragement.

I. A. MacDOUGALL,
County Medical Officer.

PRINCIPAL OFFICERS

County Medical Officer and Principal School Medical Officer:

I. A. MacDougall, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

L. J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer for Mental Health:

E. B. McDowall, D.S.C., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.

Chief Dental Officer and Principal School Dental Officer:

C. C. Chadwick, L.D.S.(U.Lpool.)

Senior Medical Officers:

T. A. Lloyd-James, M.B., B.S., M.R.C.S., L.R.C.P.
N. M. Bailey, M.D., M.Sc., Ch.B., M.R.C.S., L.R.C.P.,
D.P.H., D.Obst.R.C.O.G., M.R.C.G.P.

Deputy Chief Dental Officer:

M. V. Symes, L.D.S., R.C.S. (Eng.)

Child Guidance Teams and School Psychological Service Staff:

Medical Director and Consultant Child Psychiatrist: I. Hadfield, B.M., Ch.B., D.P.M.
Senior Educational Psychologist: Dr. L. F. Lowenstein, M.A., Dip.Psych., Ph.D.
Senior Psychiatric Social Worker: Miss W. Barnes, A.A.P.S.W.

Chief Speech Therapist:

A. P. Tolfree, F.C.S.T., L.R.A.M., L.G.S.M., M.R.S.T.
(part-time)

Senior Audiologist:

R. M. Macpherson

County Nursing Officer:

Miss J. C. Maughan, S.R.N., S.C.M., H.V.Cert.

County Ambulance Officer:

G. E. Turner, F.I.A.O.

Chief Mental Health Social Worker:

C. Hemsley

County Organiser, Home Help Service:

Miss L. M. Hamilton, M.B.E.

County Organiser, Training Centres:

G. Coyne

Health Education Officer:

Miss P. J. Pitcairn-Jones, S.R.N., S.C.M., H.V.Cert.,
Dip.H.E.

Chief Administrative Assistant:

P. L. Lloyd, D.M.A.

GENERAL AND VITAL STATISTICS

Population.

The population of the Administrative County estimated by the Register General in Mid-1968 was as follows:—

Urban Districts	...	...	587,800
Rural Districts	...	...	368,160
Administrative County	...	...	955,960

<i>Year</i>	<i>Population</i>	<i>Year</i>	<i>Population</i>
1957	715,100	1963	822,830
1958	732,200	1964	854,790
1959	750,000	1965	879,500
1960	765,130	1966	905,060
1961	775,160	1967	932,350
1962	801,740	1968	955,960

Vital Statistics.

Live births	...	...	...	...	...	17,542
Live births—rate per 1,000 population	...	...	...	...	...	18.4
Illegitimate live births per cent. of total live births	...	...	...	...	...	6.5
Still births	...	...	...	...	...	219
Still birth rate per 1,000 live and still births	...	...	...	...	...	12.0
Total live and still births	...	...	...	...	...	17,761
Infant deaths (deaths under 1 year)	...	...	...	...	...	287
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	16.3
Infant mortality rate per 1,000 live births—legitimate	...	...	...	...	...	16.3
Infant mortality rate per 1,000 live births—illegitimate	...	...	...	...	...	17.5
Neo-natal (deaths under four weeks) per 1,000 live births	...	...	...	...	...	10.9
Early Neo-natal (deaths under one week) per 1,000 total live births	...	...	...	...	...	9.2
Perinatal (still births and deaths under one week) per 1,000 total of live and still births	...	...	...	...	...	21.5
Maternal deaths (including abortions)	...	...	...	...	...	2
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	0.11

Live and Still Births.

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i> <i>Hampshire</i> <i>England and Wales</i>	
Live Births:					
Legitimate	8,408	7,993	16,401	17.2	
Illegitimate	607	534	1,141	1.2	
			17,542	18.4	16.9
Still Births:					
Legitimate	117	84	201	0.21	
Illegitimate	7	11	18	0.02	
			219	0.23	—
Total Live and Still Births	9,139	8,622	17,761	18.6	—

Deaths.

<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i> <i>Hampshire</i> <i>England and Wales</i>	
5,090	4,958	10,048	10.5	11.9

The main causes of deaths continue to be diseases of the circulatory system and cancer.

	<i>Number of Deaths</i>					
	1968	1967	1966	1965	1964	1963
Diseases of the circulatory system	5,339	4,938	4,869	4,791	4,542	4,943
Cancer	1,912	1,888	1,772	1,743	1,644	1,544
Pneumonia	724	557	617	496	457	562
Bronchitis	439	348	362	362	336	458

Deaths of Infants Under One Year.

	<i>Number</i>	<i>Administrative County</i>			<i>England and Wales</i>		
		1966	1967	1968	1966	1967	1968
Total infants per 1,000 live births	287	16.4	16.1	16.3	19.0	18.3	18.0
Legitimate infants per 1,000 legitimate births	267	16.1	16.2	16.2	—	—	—
Illegitimate infants per 1,000 illegitimate births	20	21.9	15.5	17.5	—	—	—

Deaths of Infants under Four Weeks.

	<i>Number</i>	<i>Rate per 1,000 total live births</i>
Neo-Natal (deaths under four weeks)	192	10.9
Early Neo-Natal (deaths under one week)	162	9.2
		1967
		1968
The number of babies dying under the age of four weeks was as follows:—		
Dying before 24 hours	95	99
Dying between 1 day and 1 week	64	63
Dying between 1 week and 4 weeks	23	30
Total ...	182	192
		<i>Rate per 1,000 total live and still births</i>
Perinatal (still births and deaths under 1 week combined) ...	381	21.5

NATIONAL HEALTH SERVICE ACT, 1946

Co-ordination, Co-operation and Integration.

The policy of the County Council over the past 14 years has been to work as closely as possible with the general practitioner and hospital services; to co-ordinate, co-operate and integrate the Services to an ever increasing degree and in every variety of ways. It is, I am convinced, only by such development that the patient can receive the maximum benefit from the Health Service.

In my report for 1967 I dealt fully with the many aspects of this policy as it has been applied in Hampshire. I should however like to mention two aspects which are of particular importance. Firstly the **General Practitioner Attachment Scheme**: health visitors, district nurses and midwives are now attached to 78% of the family doctors in Hampshire.

Secondly **Health Centres**: the demand for centres continues to grow and, of course these are planned for the integration of the services. Every opportunity is taken to collaborate with general practitioners and at Yateley a Centre is being provided by a local contractor who will let the premises to a firm of general practitioners who, in turn, will sublet half the building to the County Council.

The Health of children under school age.

(I am indebted to Dr. N. M. Bailey for this special section).

A fundamental axiom of preventive medicine is that a healthy adult population must be founded on a population of healthy children, and also that preventive medicine should aim to enable all children to attain their optimum physical and mental development. Children are particularly vulnerable because their vital growth takes place in a relatively short span of time. It is perhaps unfortunate that at this critical stage in development the medical supervision of a child may be shared between the family doctor and the local authority services, and in many cases also by the hospital medical services. It is for these reasons that during recent years particular attention has been directed towards facilitating co-operation between medical workers and, where possible, the integration of curative and preventive medical services for this age-group of children.

This will be seen to have been no mean task when it is considered that in Hampshire, a county with an annual number of births in excess of 17,000, there are at any one time over 85,000 children in the pre-school age group, comprising almost 9 per cent. of the total population. The task has not been made easier by the considerable degree of population mobility within, and into, the County. It is with these considerations in mind that attention may now be given to reviewing what is at the present time being done to provide a comprehensive service of medical care for young children in Hampshire.

It must be noted that these developments would have proved quite impossible without the almost complete "attachment" of Local Authority nurses and health visitors to family doctors which has now been achieved. Domiciliary midwives are available to attend all mothers being confined in their own homes and also to care for the increasing number of mothers being discharged home early from hospitals and maternity units. The Health Services and Public Health Act, 1968, encouraged the liaison between hospital and domiciliary midwifery services and at the end of 1968 arrangements had been made with three hospitals for domiciliary midwives to follow their own maternity cases into hospital and to care for them during delivery and after the birth. This provides a most desirable continuity of care. During 1968 Hampshire midwives attended 3,698 home confinements and cared for 6,218 mothers following early discharge from hospitals and maternity units. The care of the young child is the responsibility of the midwife until about the 10th day, when this responsibility is taken over by the health visitor. Since 1st July, 1967, health visitors have been reminded of the names of all the children born in their areas from a computerised record which forms the basis for the health records of all children in the County. All live births occurring in the Administrative County, with the exception of those occurring in the Delegated Areas of Gosport and Havant and Waterlooville, are recorded on the computer at the "Castle." Also recorded are the births occurring in hospitals outside the County to mothers who are normally resident in Hampshire. The parents of all new-born children are visited at home by a health visitor from the 10th to the 14th day following the birth. This visit continues a relationship with the family and a pattern of care which has usually been started during the ante-natal period and which it is hoped will continue throughout the child's life. 18,040 children were visited by health visitors for the first time during 1968. This number is larger than the total number of births during the same period (17,288) due to a number of children being visited who had come to live in Hampshire from other areas. The "Phenistix" test to detect the presence of phenylketonuria is carried out by health visitors twice during the first six weeks of life of all children. It is likely that this will be replaced during 1969 either by the Guthrie test or by a spectro-fluorimetric technique on small dried-blood samples. At the first home visit an opportunity is taken by the health visitor of asking the parent to sign a form of consent for the child to receive the usual vaccinations and immunisations. Almost all parents in those parts of the County which are at present covered by the computerised

vaccination and immunisation scheme do agree to sign this consent form. This information is subsequently fed into the computer and routine reminders are sent to the parents advising them of the dates on which appointments have been made for vaccinations and immunisations to be carried out either by the family doctor or at a Child Health Clinic. It is hoped by mid-1970, to have extended this scheme to cover the whole of the County.

Since 1st July, 1967, the computer has also been used to compile and maintain an Observation Register of those Children in the County who are considered at-risk to the development of a handicap. At the first home visit by a Health Visitor an opportunity is taken of confirming that information regarding the placement of a child on the Observation Register has been correctly interpreted. During 1968, the names of 2,482 children were recorded on the Observation Register for the first time (17.5% of all live births). The children whose names are so recorded are called for examination at regular intervals during the first two years of life, either to special infant health sessions held by the family doctor, or to the local Child Health Clinic.

The Sheldon Committee Report, which was published in 1967, drew attention to the increasing part which could be played by family doctors in the care and supervision of young children. Many of the recommendations contained in this report were found to have been already implemented in Hampshire, and the other major recommendations will be implemented as soon as possible. An increasing number of family doctors are in fact carrying out child health sessions in their own practices in co-operation with their attached health visitors and other ancillary staff. As more Group Practices and Health Centres are established, the volume of this type of work undertaken by general practitioners will undoubtedly increase. During 1968, some 2,930 child health sessions were held by general practitioners in their own premises with attached health visitors, whereas 6,472 sessions were held in Child Health Clinics. In some parts of the County, for example in the area served by the Hythe Health Centre, almost all the Child Health service is provided by general practitioners with the help of their attached staff and this will undoubtedly become the pattern of the future as more family doctors become experienced in the special skills of developmental paediatrics and the surveillance of the "normal" child.

The primary object of the Observation Register is to enable the presence of handicapping conditions to be detected sooner than might have otherwise proved possible, in order that treatment, training or education appropriate to the needs of the child may be provided from an early age. Arising out of this, a register of Handicapped Children is being maintained in the Health Department. Children are placed on the register of Handicapped Children either as a result of information derived from the special examinations of children on the Observation Register or as a result of information being passed to the Health Department from other sources, for example, from the hospital service either directly or through the Hospital Liaison Health Visitor service. For a number of years, health visitors have been attached to hospital paediatric clinics and they have been shown to provide a valuable link between the clinics, the Health Department, and the health visitors attached to the family doctors.

It is becoming increasingly apparent that the correct assessment of the needs of handicapped children cannot properly be made by any one person, and ideally that an assessment should be made as a result of the joint recommendations of a group of specialists. For this purpose the Department of Health and Social Security is encouraging the setting up of Combined Assessment Centres at Children's Hospitals. We are fortunate in Hampshire in that such a centre has been in operation at the Southampton Children's Hospital for a number of years, and during 1968 a Senior Medical Officer of the County Health Department regularly attended the assessment sessions held there. The clinic is also attended by consultants in paediatrics, child psychiatry, orthopaedic surgery and physical medicine and also by hospital social workers and by physiotherapists. It has been found that the application of the combined efforts of the specialist workers can frequently lead to a recommendation that might not otherwise have been possible.

Such a recommendation in the case of children of school age usually involves the provision of some form of special education, and the County Education Officer has been most appreciative of, and co-operative in implementing, the joint recommendations for educational placement. In a number of conditions, of course, the provision of formal training and education should ideally be provided before the age of five years and in such cases special education can be made available, if necessary, from the age of two years. This is normally provided in the case of severe vision and hearing defects, but an increasing number of children with other handicaps are now being found to benefit from attendance at training or educational establishments before the age of five years. Attendance at a centre where day-care can be given is of particular value in the case of the very severely physically and mentally handicapped children, where it not only helps in training the child, but also provides very necessary temporary relief for the mother, and enables her to care for the rest of the family. A number of lay workers and societies have given valuable assistance in this respect, among them the Spastics Society and the Spina-Bifida Society, both of which now organise special play centres and day-care for severely physically handicapped children. The Junior Training Centres run by the County Council for mentally subnormal children are also open to children under the age of five in appropriate cases.

In addition to a very useful and full degree of co-operation with general practitioners and the hospital medical services, a number of specialist services which are either provided by, or on behalf of, the Local Authority, for older children are also available when it is considered necessary for children under school age. Such services include the School Ophthalmological Service, the School Audiological Service, the services of the Peripatetic Teachers of the

Deaf and the Child Guidance Service. The County Dental Service is also available to all children under school age and an attempt is at present being made to encourage parents in the County to bring their younger children for dental examination and treatment. Arrangements have been made for children in certain areas of the County to be selected by the computer to receive a birthday card during the month in which they reach their third birthday. This reminds the parents of the need to start dental surveillance at this age and invites the parents either to take the child to the family dentist or to bring the child to a School Dental Clinic. The response to this scheme has been very gratifying and the birthday dental card scheme will extend to all children born since 1.7.67 by mid-1970.

The Local Health Authority continues to be legally responsible for the distribution of Welfare Foods, and during 1968, 390,000 separate articles of Welfare Food were sold from 344 outlets (165 Child Health Clinics, 179 shops and W.V.S. units).

Home helps are made available to enable the mothers of sick and handicapped children to continue to care for them in their homes. More and more mothers, however, are arranging for their children to be cared for in nurseries and play groups. At the end of 1968, there were 495 such groups registered in the County, providing places for 8,461 children under school age. During October, 1968, the Ministry of Health issued two circulars drawing attention to the need for an increased provision of day care facilities for children under five, and outlining ways in which the Local Authority might wish to implement the provision of the Health Service and Public Health Act, 1968, which amends in certain important respects, the Nurseries and Child-Minders Regulation Act, 1948. The County Council is at present considering ways in which the recommendations in the Circulars can be implemented.

An attempt has been made to outline some of the ways in which co-ordinated care can be provided for a very vulnerable group of the population, and this illustrates how a progressive Local Health Authority can promote the development of an integrated programme of health care of the type which may only become universally applicable when the present structure of the National Health Service becomes united under a unified administration.

Pre-School Audiology Service.

The programme of hearing detection re-assessment and parent counselling and auditory training continued as in former years.

Hearing Testing.

7,126 hearing screening tests were carried out by Health Visitors. Of these 2,632 were in the "At Risk" category, and the remaining 4,494 were routine checks.

12 children within the first two years of life were finally diagnosed as having severe perceptive hearing loss. Of these, eight were in the 'At Risk' category.

Paediatricians, Otologists, and General Practitioners, are continuing to refer children suspected of hearing loss for assessment.

Parent Guidance.

In the early part of the year, 55 pre-school children were under parent counselling and auditory training, the work being divided between the two Audiologists. This number, however, was reduced somewhat due to the September admissions to Special Schools, Partially Hearing Units, and ordinary Schools. In so far as the latter placements were concerned, it is significant that two very severely deaf children—in one case a child suffering from "Sub-Total Hearing Loss"—were admitted to the local Authority Infants Schools, and are continuing to make progress on an equal level with hearing children. In each of these cases, the hearing loss was detected at a very early stage.

The importance of discussion between parents of deaf children under training in the County is appreciated and it is hoped to make arrangements for meetings to take place for general discussion of their common problem in the coming year.

Mental Health Section.

The arrangements for hearing examinations of all new admissions to Training Centres was put into effect this year, and although only one child was found to be suffering from a high frequency hearing defect, several pupils were found to be suffering from temporary conductive loss.

Ear Impressions.

The scheme for allowing parents to carry out making of ear moulds for their own children has continued throughout the year and is proving most successful in some cases in which the parents have become highly skilled under supervision.

Health Visitors' Training.

Lectures and courses of training were given to Health Visitors under training in the Department of Sociology at Southampton University, and also individual instruction to new entrants to the County Health Visitors' Service who had no previous experience.

Diocesan Councils.

In my report last year, I did stress that it was not possible to indicate by means of statistics, the work being carried out by the Moral Welfare Workers. I can, however, mention that one of my Health Visiting Staff, acting in a voluntary capacity and in her own time, undertook some work for one of the Diocesan Councils in the area.

In five months she visited 15 cases and made over 200 visits. Visiting had involved her in assisting in finding accommodation for the girls, arranging for their confinement, arranging placement in Mother and Baby Homes, the fostering of children, and the advice to the Parents of the girls. The fostering of children was dealt with because of staff shortage, as it is appreciated that both fostering and adoption are the responsibility of the Children's Officer. Much of the work resulted in late night visiting.

93 Mothers were assisted by the Authority with their maintenance fees.

Family Planning.

The County Health Committee implemented Ministry of Health Circular 15/67 by agreeing that social cases, as well as medical cases, could be paid for by the County Council. The Wessex and Wight Branch of the Family Planning Association were to continue to act as Agents of the Authority, whilst the Portsmouth Family Planning Centre, a Branch not in affiliation, would provide the Service for patients in that part of the County area adjacent to the County Borough of Portsmouth. Social cases could apply for a remission of charges based on a simple scale according to income.

Few patients of a social nature have, in fact, asked for help and the question of social cases and the costs of their advice and/or treatment will be taken up with the Family Planning Association.

The Borough of Gosport, a delegatee Authority of the Council, were given permission to introduce a pilot study during the year, of undertaking a direct Family Planning Service to the inhabitants of that area.

The number of medical cases referred by the Wessex and Wight Branch and the Portsmouth Family Centre in 1968, was 205, whilst some 23 social cases were referred for financial assistance. As in the previous year, the Family Planning Association were reimbursed the cost of premises rented by them, where no Authority facilities for a Clinic existed.

Health Visiting, Nursing and Midwifery Staff.

Improvement in the recruitment of staff continued in 1968, though it was necessary to continue the employment of part-time nurses to cover for vacancies in certain areas.

The role of the district nurse is changing as she becomes further integrated in Group Practice, and is consequently utilising her skills to a greater degree. This can also be said of the health visiting staff.

The scheme for domiciliary midwives to deliver their patients in G.P. Maternity Units continues to develop and now extends to Haslemere and Basingstoke and is planned in other areas.

District Nurse Training Scheme.

I am indebted to Miss P. L. Simon, Deputy County Nursing Officer, for not only organising the initial District Nurse Training Course, but also for acting as Tutor.

16 candidates undertook training on one day per week, together with half a day per week for practical work, visits or studies, for a period of 12 weeks, taking the written examination as the finale.

It is my aim that all the Nursing Staff receive this training, and it is gratifying to have had such enthusiastic response from the staff to take the Course. It is, however, only possible to accept some 16 candidates for each Course.

Mention must be made of the help given by the members of the Hospital, Executive Council and Local Authority Staffs, who have so willingly contributed to the success of the Course.

15 out of 16 candidates taking part, successfully obtained their certificate.

It is hoped that in future two Courses can be organised each year.

County Ambulance Service.

(I am indebted to Mr. G. E. Turner for this special section).

In the Ambulance Service care and attention for the patient is, and always must be, the first consideration. To this end the staff are required to be trained in handling patients, in the care and use of a variety of equipment, to attain and maintain a set standard of first aid and ambulance aid efficiency, and to maintain clean hygienic vehicles. The latter are in many respects a form of mobile sick room, in which patients should be made to feel that they are in sympathetic and capable hands, not only by the attention given, but also by careful driving, consistent with the physical condition of patients and the degree of urgency. The general public appreciate the value of an efficient ambulance service since they come frequently into contact with it. There are four requirements for an efficient ambulance service:—good vehicles, suitable equipment, effective communications and well-trained ambulance crews. With these it should be possible to ensure that emergencies are dealt with as quickly as possible and that transfer of patients to and from hospital takes place smoothly. I can say with every confidence that the County Service meets all these requirements.

There is a map and table showing the location of stations and establishment of personnel and vehicles on page 10.

Competition.

The highlight of the past year was undoubtedly the winning of the Regional and National Ambulance Competitions, which is organised by the National Association of Ambulance Officers and has been held annually since 1955.

This competition which has the approval of the Department of Health and Social Security and the support of the majority of Local Health Authorities, has the purpose of a continuous and progressive raising of the standard of training of ambulance crews to ensure that the patient is treated and conveyed to hospital with the necessary speed and comfort.

It is not a stereotyped First Aid Competition with a team of four as is the usual practice among First Aid Workers, but a test for an ambulance crew of two (who can be either male or female) based on their everyday work. The Competition may take the form of an ordinary house to hospital removal, a street accident, a crashed aircraft or any of the emergencies which face ambulance personnel in their attention to the sick and injured.

The competition is organised on the basis of a local competition within the local authority staff. This is the Field Day of our County Service to which Committee Members, doctors, hospital staff, etc., are invited. Exhibitions, demonstrations, etc., are available throughout the day. The manoeuvrability test for the ambulance vehicles is a lesson in driving techniques alone. The winning team represents the authority in one of the nine Regional Competitions. The winners of the Regional Competition then qualify to compete in the National Final. As 76 authorities entered the competition this year and it was the first year Hampshire has won the Regional Competition and then gone forward to win the National Finals we can justifiably be proud of our team, Mr. J. W. Harding of Alton and Mr. M. J. Lockett of the Eastleigh Station. Credit must also go to Mr. Wheeler, the County Training Officer and Mr. Pullinger, the Assistant Training Officer, for all the hard work they put in coaching the team.

Training.

An efficient ambulance service demands trained staff. It is essential that ambulance crews at the scene of an accident can render the necessary first aid which may be life saving and can ensure that patients are moved without causing further unnecessary injury. They must also note those features of an accident or emergency which may be of assistance to the doctor at hospital in treating the case. This last point can be of vital importance for example when an unconscious patient is taken to hospital for treatment. With the run down of Civil Defence, the Health Committee were permitted to take over Claylands, the Civil Defence Training School. It has been in constant use since for both Ambulance and District Nurse/Midwife training. Excellent support from all the authorities in the South and South West of the County has ensured that all the six weeks Interim Ambulance Training Courses have been over-subscribed.

The County and Chief Ambulance Officers of many authorities in the south of England have attended day conferences at Claylands and have taken an active part in drawing up the training syllabus of the School. Account has been taken of the fact that basic first aid is not sufficient in itself for professional ambulance work. The necessary wider knowledge needed by ambulance drivers referred to as Ambulance Aid includes teaching of techniques involved in extricating casualties from wrecked vehicles and similar predicaments. Special attention is also given to the handling of all types of medical emergencies, ambulance nursing and patient observation, emergency childbirth (even in this day and age babies are still born in ambulances), the care of the unconscious patient—one of the main occasions when an ambulance man can save a patient's life—and the application of oxygen under emergency conditions. Other aspects include training in the use of equipment carried on ambulances, personal and vehicle hygiene and also driving skill. When dealing with serious accident work, one cannot spend too much money on good ambulances with good suspension. The better springing you have, the less jolting. However, the best ambulance

COUNTY AMBULANCE SERVICE

Location of Stations



Personnel and Vehicle Establishment

County Ambulance Officer	1	Chief Controller	1
Deputy County Ambulance Officer ...	1	Assistant Chief Controllers	2
Assistant Ambulance Officer (Training)	1	Control Officers	5
Area Superintendents	4	Control Clerks	12

Ambulance Station	No. of Vehicles	Personnel	Ambulance Station	No. of Vehicles	Personnel
Aldershot/Farnborough ...	9	23	Fareham	8	20
Alton	3	5	Gosport	4	8
Basingstoke	4	13	Havant	6	16
Hartley Wintney	1	2	Petersfield	2	4
Winchester	7	18	Lymington	8	19
Andover	3	5	Christchurch	4	6
Eastleigh	2	8	Hythe	2	4
Hedge End	1	4	Ringwood	2	4
Romsey	1	} contract with private garages	Totton	2	4
Whitchurch	1				

in the world with a bad driver who is driving on his brakes or with erratic clutch control or sudden acceleration can be quite damaging to the patient, far more so than a good driver in a rickety old ambulance with bad springing. Ambulance driving is a technique in itself.

Considerable use is made of both simulated casualties and incidents to add realism to the training. The principal stress throughout all courses is on handling patients both physically and psychologically with a view to their arriving at the point of medical aid wherever possible without any deterioration in condition.

As a joint venture two special courses of one week's duration were run for potential officers. They were an overwhelming success and I would like to place on record my thanks to Mr. Glover, the County Ambulance Officer of West Sussex for the great amount of work he put into this venture.

The full-time training staff comprises an Assistant County Ambulance Officer (Training) and one assistant Training Officer. These are helped and supported by Consultants, Doctors, Hospital Staff and Senior Members of the Health and Clerk's Department, Police and Fire Service.

Central Control.

For the efficient deployment of the ambulance fleet and the ambulance car service it is essential that communication shall be as rapid as possible. All ambulances are equipped with mobile radio receiver/transmitters. Four base transmitters are in use to cover the whole of the County. In the old days, once a vehicle left its station all contact with it was lost but now controllers are in constant touch wherever the vehicles are situated. It is no longer necessary to retain vehicles in the stations awaiting emergency calls for these can be more speedily answered by redirecting ambulances which are already on the road. Communication is two-way and from the scene of an accident or other emergency, an ambulance crew is able to call for further help or for medical aid and can inform the Control of the number and type of casualties so that the appropriate hospital can be alerted to receive cases should these be in any way unusual.

Further progress has been made with the Royal Hants County Hospital being provided with a Hospital Radio Link. This radio link differs from the one already installed at the Royal South Hants Hospital at Southampton, as it has been connected to the Hospital by telephone exchange; therefore the Doctor, Surgeon or Casualty Officer can speak from any part of the hospital direct to the ambulance crew at the scene of the accident or when the ambulance is on the move simply by lifting a telephone.

In my last annual report I mentioned the beginning of the phased introduction of full central control; this has progressed and by the end of the year was virtually completed. With the introduction of Central Control, Medical Practitioners in the areas served in the past by Area Controls will have experienced some changes. Whereas before when they contacted the ambulance service, they dealt with the Area Superintendent or Station Officer at the local station, they now contact the Central Control at Winchester for all calls. Whilst it is appreciated that at first there may be some loss of personal contact, the benefits outweigh the disadvantages. So far experience indicates that the new system will facilitate control of the size of the load carried by each ambulance, the travelling time for patients, the time vehicles have to wait for their loads, and the time patients have to wait at hospitals for ambulances to arrive to take them home.

The availability of vehicles to deal with emergencies as they arise will also be improved. All in all there will be increased flexibility and economy in the use of manpower and vehicles.

Much of the daily load of the service is the routine transport of patients between homes and the hospital. Almost all of these journeys are booked before-hand. For this reason, as much as possible of the daily work is planned in advance at Central Control and the operational plan for the next day is transmitted at present by ordinary telephone. I hope to be able to introduce Telex during the coming year to save time and staff in passing these messages to the larger stations.

In January and February the take-over of Basingstoke and Fleet Hospital Car Service area was effected thus completing the transfer of drivers to the present Ambulance Car Service. These Volunteer Car Drivers are a tremendous asset to the whole-time service for without their willing help and co-operation many more ambulance vehicles and whole-time staff would be required. It is by making such extensive use of the Car Service that the cost of the Ambulance Service in Hampshire is one of the lowest in the country for counties of comparable size.

In October, the Central Control was transferred from the Winchester Ambulance Station to new accommodation in the Health Department at the Castle. A considerable amount of new fittings and furniture was required and we are very fortunate indeed that the Assistant Chief Controller, Mr. Gostlow, was a keen cabinet maker, for he has designed and made nearly all the present furniture in the new Control. In addition he has designed it to meet the needs of the Control. The majority of this work which took many weeks was undertaken in his own time. A visit to the new Control is most enlightening and well worth while.

With the introduction of a Central Control which is of course manned 24 hours a day seven days a week, it has been possible to utilise it as a general enquiry bureau for the Health Department out of office hours.

Arrangements have been made for a rota of District Midwives on duty in Winchester and Andover areas to be available which enables a second midwife to be contacted if the first midwife is already engaged. Also

in the control room is a rota of the duty Mental Welfare Officers and this information is available to Doctors, relieving them of the task of ringing around trying to contact a Mental Welfare Officer. I am confident many more uses can be made of the ambulance control out of office hours.

Various meetings between Control Officers from other Authorities in the South and South-West has brought about a much better understanding of the problems confronting each Control. This has led to greater co-operation between all concerned, enabling the Control to meet, with the present establishment of vehicles and staff, the ever growing demand on the Service.

Demands for an ambulance are of two kinds. First there is the transport to hospital of the real emergency, often originating from a "999" call. To many people this is the real function of the Ambulance Service and the Service takes pride in meeting this demand efficiently and promptly. This is the most glamorous part of the Service. The real "bread and butter" work of the Ambulance Service, however, is transporting patients to and from hospitals when no emergency is present. The hospital's need for ambulances and the patient's demand for transport have meant a considerable increase in the number of patients carried and the miles travelled; since my last annual report, 2,830 more patients have been conveyed and 147,297 miles travelled.

By relieving the Area Officers of their Controlling duties and with the revival of the appointment of an Ambulance Liaison Officer at the Royal South Hants Hospital, it is my intention that a much stricter control will be exercised in the authorisation of transport requests.

New Stations.

Work has at last started on the new Ambulance Station at Hawley, which is long overdue and should be ready for occupation in October/November, 1969. I am also pleased to report that the site for the new Ambulance Station adjoining the new general designate hospital at Park Prewett has been finalised and work should commence in the next financial year.

Vehicles.

Fifteen new vehicles were delivered during the year and of these 10 were the new Ford Transit vehicles designed primarily for use in the conveyance of sitting cases in the more urban areas of the County. They are excellent vehicles giving a very comfortable ride and each capable of seating 10 patients. The latest ambulances meet all the requirements laid down in the Working Party report on ambulance vehicles incorporating single rear door to conserve body heat in the ambulance and suction apparatus running off the engine which is in addition to the portable suction apparatus already carried on all ambulance vehicles. Normally two trolley stretchers are carried one on either side of the ambulance, but when seriously ill or injured patients require special care during a journey, it is possible for one trolley only to be loaded and for this to be fixed centrally in the ambulance, giving room to work all round the patient. The beds on the top of the trolleys are adjustable so that the patient can be in a half reclining or sitting position, the over-all length of the trolley is reduced without transfer from one piece of equipment to another. Patients can then be taken into lifts which are not big enough to take a standard stretcher; this is quite a problem with the increasing number of high blocks of flats now under construction.

Major Accident Plans.

We were fortunate to purchase at a very low price one of the Civil Defence signal vehicles and this has been converted as an ambulance control vehicle for use at major accidents. The vehicle has portable tent extensions and is equipped with a radio telephone which makes it an ideal mobile Control Unit. It was used at the Farnborough Air Show at the unfortunate plane crash and on the three major accident exercises at Eastleigh Airport (2) and Thruxton.

Health Education.

Central Training.

During the past year there has been an encouraging response from an increasing number of the County Staff seeking more training in Health Communication.

The areas in which this training was concentrated have been in Public Speaking and in the Teaching of Young Children and Adolescents. This was done by four "day-schools." The first, in April, was principally for the county medical staff. Miss Helen Taylor, past Principal of the Abbey School of Speakers, Westminster, gave a practical and enjoyable day's course in Preparing and Presenting a Talk. In the Autumn she came again and, to an audience chiefly of Health Visitors with a few Nurses and Midwives, gave a slightly more advanced talk bearing in mind that Health Visitors have had this subject in their Training for the past five years or more. In two study days in July, three members of the Education Department staff—Mrs. Lawrence, Mr. Benfield and Mr. Towler—spoke to school health staff on teaching young children and communicating with young adults.

At local level most of the Area Nursing Officers have had demonstrations by Health Education staff in the selection and use of mechanical visual aids. The Area Staff meetings attract 18 to 20 Nurses and Health Visitors at a time, and the full range of locally based equipment has been shown, discussed and handled by every member of the meeting.

Owing to the continuing financial restraint, new equipment has been limited to supplying Health Clinics and Area Nursing Offices with enough basic visual aid equipment to cut down collecting time and travel as far as possible.

Measuring Work Done.

During 1968 the system of recording the health education undertaken by the department was considerably improved. As in previous years a large number of organisations were circularised with offers of speakers, and as a result talks were given to adult groups (i.e., excluding schools), as follows:—

Nutrition and Food Hygiene	36
Sex Education	35
The Social Services	39
Drug Abuse	28
Child Development and Child Care	25
Work with British Red Cross Society and St. John Ambulance Brigade	32
Good Health in Middle Age	23
Accident Prevention and First Aid	36
Care of the Feet	4
Family Planning	6
Others	16
	280

Displays.

A display of the work of the Health Visitor was mounted at all the Health Clinics that could house it. A smaller display on Toys was made for the Christmas Season and will be adapted for the summer travel season. Both these displays have been followed by talks, discussions and films whenever possible.

The more sophisticated displays which need artistic skill and are time-consuming to make are prepared centrally, leaving vacant frames to be filled with posters and selected leaflets by Health Visitors or Clinic Nurses. An encouraging trend has been that staff are now asking for regular supplies of raw material—rather than for ideas or ready-made displays.

At the Home Help and Ambulance Rallies appropriate material has been displayed by the H.E. staff.

The Cancer Education Exhibition, previously used on four occasions elsewhere in the County, was taken to Petersfield Town Hall and to Swanmore Secondary School at the request of Dr. A. G. Farr (M.O.H., Droxford R.D. and Petersfield U.D. and R.D.). He invited an audience, chaired the meetings and prepared some new Audio-Visual material (taped interviews) with treated patients. This was very successful and the meetings were evaluated as being excellent in the level of interest displayed though disappointing in the response to personal invitations. Nevertheless subsequent requests for talks on Cancer, Cigarette Smoking, and other subjects were received from nearly all the groups who sent representatives. It was found to be an enjoyable exercise by the Staff and was the best exhibition of its type that we have yet made, due to the whole-hearted participation of Dr. Farr and Miss Dell (Area Nursing Officer) and her Nursing Staff.

In September, owing to the growth of work, the increase in visitors to the section, and the need for more space, the office moved into improved accommodation including a work-shop/display area where material can be created and left on display. This has been a great improvement. There has been real consolidation of H.E. work and expertise. Further development is now ready to be made and with the appointment of Dr. Colley to Senior Assistant Medical Officer with a special interest in Health Education, and the prospect of gaining an Assistant Health Education Officer, the outlook for 1969 is promising.

Prevention of Dental Decay—The Fluoridation of Water Supplies.

The Department of Health and Social Security has asked that this Report should include reference to the action taken by the Council under his Circulars of 1963 and 1968 on the fluoridation of public water supplies.

In these circulars the then Minister of Health urged local health authorities to add fluoride to those water supplies which are deficient in it naturally; gave them a general approval to do so under Section 28 of the National Health Service Act; advised them that the Minister of Housing and Local Government had asked water undertakers to respond to requests received from local health authorities; and undertook to indemnify local health authorities and water undertakers in the event of Court proceedings.

In November, 1967, the County Council rejected a recommendation of its Health Committee that steps be taken to introduce fluoridation in those parts of the County where water undertakers were willing and able to introduce it. The Health Committee noted the wider indemnity offered by the Ministry in 1968.

The children of Hampshire continue, therefore, to suffer dental decay which is in large measure preventable.

Mental Health Service.

Community Care.

The number of new patients referred to Mental Welfare Officers during 1968 and the three preceding years are as follows:—

Referred by:	1965	1966	1967	1968
Hospital and Out-Patient Departments	1,194	1,195	893	898
General Practitioners	1,881	1,995	1,940	1,691
Other Sources	706	831	783	690
	3,781	4,021	3,616	3,279

For the second successive year the number of new referrals shows a reduction over the previous year. The number of admissions to hospital have increased by 149 and greater use was made of the compulsory powers provided under Section 29 of the Mental Health Act, 1959. However, the larger proportion of admissions to hospital remain on an informal basis, although there was a slight decrease as compared with 1967.

There has been an increase in the average case load per Mental Welfare Officer but as mentioned in my last report additional officers are being appointed in 1969 and this should lead to some improvement in the situation.

As in previous years a large number of students have been given an insight into the work of a Mental Health Social Worker and the community care services. As far as possible the students accompany officers on visits to selected patients as well as being given details of the work undertaken. Those assisted in this way have been Medical Students, Psychiatrists from the Wessex School of Psychiatry, Student Nurses, University Students, Certificate in Social Work Students, Student Probation Officers and Child Care Officers, and medical secretaries in training. In addition a post-graduate social science student from the University of Hull was again accepted for her eight-week practical placement and she was attached to Training Centres, hostels, psychiatric and subnormal hospitals and an Area Mental Health Office as well as being given the opportunity of visiting various social agencies connected with the work of the Mental Health Service. This was the third student accepted for such a placement and I have agreed to the placement of a student in 1969. Close co-operation has also continued with the various voluntary organisations and in particular I would mention the work of the Aldershot and Andover Societies for Mentally Handicapped Children who have both provided their own premises for the day-care of severely subnormal children. At the Aldershot Centre at Parkside, Guildford Road, Aldershot, a crèche for children either too young or too handicapped to attend a Training Centre is held on four days per week. Thirty Hampshire children benefit from facilities which provide a very valuable community service and enables assistance to be given to parents which would not otherwise be available. The Andover Society provides similar facilities on four days per week at their Centre, Bonhomie House, Southend Road, Andover, and nine mentally handicapped children and 13 other children attend this crèche. The Societies also provide other help for families of mentally disordered children through clubs and other activities and this very valuable contribution is recognised by the County Council making an annual grant towards the cost of their day-care facilities.

I am hopeful that further organisations similar to those at Aldershot and Andover will be established in other parts of the County shortly which will supplement the Local Health services available.

Residential Accommodation.

No major developments have occurred in this field during the year and no difficulty has been experienced in maintaining almost a full occupancy at all of the County hostels. Indeed the problem has rather been one of searching for suitable accommodation to meet crises in the home which result in the need for urgent placement for a mentally disordered person. This again in 1968 highlighted the shortage of long-term accommodation for severely subnormal children which I mentioned in my last report and unfortunately the Limington House Short-Stay Hostel for children has again in the majority of cases been used for more indefinite placement of children who can no longer live at home and for whom there is no other alternative accommodation. During the year the Council gave approval to the establishment in 1969-70 of a small eight-bed Home which will help to improve the situation and it is hoped to establish more of these Homes as the financial position permits. Unfortunately the number of foster-homes that are willing to accept subnormal or severely subnormal children has decreased and there are only three children now placed in this way. If more foster-mothers could be found it would certainly ease the problems which continually arise at the short-stay hostel.

During the latter end of 1967 a private Residential Home for mentally disturbed adolescent girls and provided by the Richmond Fellowship was opened at Bracken Place, Chilworth. During 1968 very soon after its opening several Hampshire girls were placed at this hostel for which the County Council accepted financial responsibility and with a sharp rise in the numbers of other mentally disordered persons requiring a period of rehabilitation in a hostel, a crisis situation rapidly developed because of a shortage of funds. Fortunately the early discharge of a number of residents before the end of the financial year helped to improve the position but it has been necessary to increase the amount of money provided for this service in 1969-70 to meet the increasing demand for placements.

Training Centres.

The number of trainees in attendance at Training Centres again increased and at 31st December there were 436 adults and 451 children on the register. The only additional accommodation provided during the year was a mobile classroom at the Eastleigh Training Centre to overcome crowding in the nursery group. A start was, however, made on the Eastleigh Branch of the Hampshire Training Industries which will be a 100-place Branch serving the Eastleigh and Winchester areas, and by the end of the year the Totton Branch was nearing completion. Approval was also given during the year to the provision in 1969-70 of a new Junior Training Centre at Waterlooville which will also have a 12-place Special Care Unit. The latter will be the first of its kind in Hampshire and will be used as a pilot scheme to determine the need for the introduction of such units at other Training Centres in the County in the future. The Centre will help to relieve pressure on the existing Rachel Madocks Centre at Havant as well as provide accommodation for children in the surrounding area outside of the Urban District.

Approval was also given during the year to the acquisition of the former Civil Defence premises at Station Approach, Andover, as a Branch of the Hampshire Training Industries and so permit the separation of the adults and juniors at Andover much earlier than would have been possible by awaiting the erection of a purpose-built Centre. The premises will provide adequate temporary accommodation for 50 trainees for a number of years and will enable the full facilities of the Junior Training Centre to be available for the children.

During the year continued use has been made of Mount Industries, Bishopstoke, for the training and employment of mentally disordered men and women. The Industries were originally established many years ago as a sheltered workshop for tuberculous patients discharged from the Mount Hospital, Bishopstoke, but with the decrease during recent years of the number of trainees and employees from this source, approval was given in October, 1965, for the amendment of the scheme under the Disabled Persons (Employment) Act, 1958, to accept all categories of mentally disordered persons, who are suitable for this type of training. Since that date mentally ill and subnormal adults, male and female, have been admitted to the Industries for training under the Department of Employment and Productivity training scheme. During the training period the appropriate allowances are paid by the Department to the trainee and an allowance is received by the Authority towards the cost of wastage of materials. On satisfactory completion of training, the trainee is accepted on to the staff of the Industries and paid at the appropriate Trade Union rate according to his/her capabilities.

Unfortunately it has not been possible to develop the use of Mount Industries for mentally disordered persons as much as had been anticipated when the scheme was originally amended. This is because there is a lack of suitable persons within easy travelling distance of Eastleigh who come within the standards laid down by the Department of Employment and Productivity for acceptance for training. It is anticipated, however, that with the advent of the Eastleigh Branch of the Hampshire Training Industries, which is being built on land adjoining Mount Industries, and the eventual provision nearby of the long-stay hostel for subnormal persons that there will be a rapid increase in the numbers employed. With the introduction of these establishments it will be possible to admit persons from other areas to the Industries who can live in the hostel, and also to train other persons at the Hampshire Training Industries to bring them within the standards acceptable by the Department of Employment and Productivity for admission to Mount Industries. When these developments are completed there will be a comprehensive training unit provided in the area for subnormals.

Notwithstanding these difficulties a total of 15 mentally ill and 13 subnormal adults had been admitted for training at Mount Industries from the introduction of the revised scheme until 31st December, 1968. Full details of the admissions and discharges are as follows:—

	<i>Mentally Ill</i>	<i>Subnormal</i>	<i>Total</i>
Admitted during period November, 1965, to 31st December, 1968	15	13	28
Transferred to staff of Mount Industries on satisfactory completion of training during period November, 1965, to 31st December, 1968	2	9	11
Left during period	11	3	14
In training at 31st December, 1968	2	1	3

Inevitably with such a scheme there are failures and of the 14 discharged from training:—

- 3 were accepted into employment in Industry
- 4 were re-admitted to hospital
- 1 left the district
- 6 were considered unsuitable for further training

Although the discharges represent 50% of the total admissions I think the number of failures has been reasonable. These figures illustrate the care which is necessary over the selection of trainees and also the understanding shown by the small staff in the difficult task of training the mentally disordered in what is often a completely new type of work.

Intermittent Haemodialysis.

As a result of modifications being carried out in their own homes, three patients were able to continue using artificial kidney machines after being discharged from hospital. At the close of the year, work had already started for another patient who was expected to start on home dialysis within a month or six weeks. It is envisaged that there may well be approximately ten or more of these cases needing similar assistance each year.

I am indebted to the Medical Officers of Health and the Engineers and Surveyors of the Local District Councils for their co-operation and assistance in those cases where Council owned property was involved.

Cervical Cytology.

One additional clinic, at Fareham, was opened during 1968 augmenting those already in operation at Eastleigh, Winchester, Basingstoke, Aldershot and Christchurch.

During the year, 2,210 women were seen and of these 11 (0.5%) were referred back to their own doctor for further investigation. The number seen during the 12 months, was only a little over two-thirds of the previous year, despite the fact that every opportunity was taken to publicise this very important service. In addition to local advertising and advice given by Health Visitors and nurses, direct approach was also made to firms in the locality of the clinics who employed fair to large numbers of women, bringing to their notice the facilities available either in the County Council Clinics or from their own doctors.

Unless the Department of Health is prepared to lower the age limit (35 years or over) of women who can avail themselves of this service, by their own doctors, it is difficult to foresee anything but decline in the numbers coming forward. A register is being maintained so that women who have already attended the clinics can be recalled for examination after an appropriate interval—at present this is expected to be every five years.

Chiropody.

The Chiropody Service is operated on the Authority's behalf by both the Hampshire Council of Social Service in respect of the elderly, and the British Red Cross Society, not only for the elderly, but also for the physically handicapped and expectant mothers.

Liaison with both agencies takes place and it is stressed that the maximum need for an efficient but economic service must be aimed for at all times. The need for domiciliary treatment as opposed to conveyance to an existing clinic, has to be considered as does the frequency of treatment.

Comparison of the figures for 1967 with the current year show that while the number of persons treated has increased, the treatment per patient has been reduced from seven per patient to five.

The appointment of a full-time Chiropodist by the Hampshire Council of Social Service in 1969 for clinical and advisory work in the Winchester area will, it is hoped, enable an improved service to be given and should formulate a standard of treatment, and clinical practice which will be a target of achievement throughout the County in the future.

Thanks are due to both agencies for continuing to maintain a service which has given little cause for objection or complaint.

Number of persons treated:				1968	1967
(a)	Aged 65 and over	...	...	9,959	8,257
(b)	Expectant mothers	...	...	10	2
(c)	Others	...	...	127	32
				10,096	8,291
Number of treatments given:					
(a)	In clinics	...	...	40,809	43,826
(b)	Patients' homes	...	...	9,929	10,574
(c)	Old People's Homes	...	...	974	2,701
(d)	Chiropodists' Surgeries	...	...	1,786	1,764
				53,498	58,865

Home Help Service.

Recruitment of home helps in residential areas is difficult and likely to remain so as there are few women living locally available for home help work and any interested can obtain domestic employment privately at a higher rate of pay. The problem is most severe in the South-west of the County, so popular for the retired who may have no financial problems but find themselves isolated from relatives and friends, and may need help in the home desperately on account of illness and infirmity. This can make considerable pressure on the little help available and means that exceptional care has to be exercised in allocating this help to the best advantage of all requiring it on medical recommendation. Although costly it is often only possible to provide essential help by travelling home helps who are mobile from a distance.

The Refresher Courses for home helps mentioned in my last Report will help to make the home help realise that she is a valuable member of the Community Care team, give her a wider knowledge of all the Services available, and give her more confidence to care for the sick. The second Refresher Course was held in October and it is hoped to hold further Courses next year.

The Annual Home Help Rally was held in Winchester in September when Long Service Badges were presented to home helps by Miss A. Gray, Regional Public Health Nursing Officer Ministry of Health.

At the end of the year there were 823 home helps and 65 good neighbours.

The total number of hours used was 823,172 the equivalent of 396 whole-time home helps.

Excluding the delegated areas 31.3% of householders paid the full charge 14.4% according to scale, 54.2% the minimum charge and 0.1% received special consideration of a reduced charge.

The tables on pages 23 and 24 summarise the number of householders helped and applications received. Although the number of maternity cases increased by approximately 50% in the Basingstoke and Andover areas 61 less cases were helped in the County, the largest decrease being in the Fareham, Petersfield and New Forest areas. Emergency sickness cases also decreased and these two factors account for fewer new cases being assisted than in 1967. More elderly persons were helped.

Venereal Diseases.

I am indebted to Dr. Warren, Director of the V.D. Services, for the following section:—

(a) Wessex Clinics		New Patients				Attendances			
		1965	1966	1967	1968	1965	1966	1967	1968
Southampton ...		2,644	2,325	2,328	2,987	8,960	7,572	8,088	8,969
Portsmouth ...		1,233	1,402	1,488	1,824	5,917	4,989	4,815	5,155
Winchester ...		195	203	234	267	406	491	568	614
Bournemouth ...		601	611	758	903	2,394	2,415	2,729	3,192
Poole ...		169	248	319	313	793	854	998	998
Weymouth ...		118	97	87	122	463	464	323	547
West Dorset ...		9	13	51	31	52	63	219	163
Isle of Wight ...		95	97	103	146	345	327	377	411
Salisbury ...		121	113	109	180	408	442	316	608
Total ...		5,185	5,109	5,477	6,773	19,738	17,617	18,433	20,657
(b) Adjoining S.W.Met.R.H.B. Area Clinics									
Aldershot ...		300	268	235	251	850	917	635	768
Chichester ...		104	127	130	141	492	448	472	483
Guildford ...		395	360	372	370	1,722	1,301	1,367	1,362
Total ...		799	755	737	762	3,064	2,666	2,474	2,613
Grand Total		5,984	5,864	6,214	7,535	22,802	20,283	20,907	23,270

Syphilis.

The incidence of early infectious Syphilis dropped to 36 cases in 1968 compared with 53 in 1967. Twenty-four of these early cases were seen in Southampton. Two cases of Congenital Syphilis were born in Wessex in 1968, one having an early involvement of both eyes (interstitial keratitis) necessitating corneal graft.

Gonorrhoea.

1,271 cases were seen in 1968, compared with 1,147 in 1967. This total includes two cases of ophthalmia neonatorum and one case of vulvovaginitis. Age groups up to 19 years are detailed as follows:—

Under 16 ...	...	3 boys, 6 girls
16—17 years	...	28 males, 50 females
18—19 years	...	89 males, 82 females

The total teenage incidence being 258, compared with 235 in 1967.

Other Conditions.

In 1968, 5,413 cases under this heading were seen, compared with 4,624 in 1967.

This increased work load seems to be due to two factors:—(1) an increase in those at risk and (2) a much greater readiness on the part of the public to avail themselves of the services offered at the Special Treatment Centres. This latter factor would seem to be linked to the greatly increased publicity accorded to the problem.

In two other fields steady progress is maintained. One of the most important aspects of our work is epidemiological, and the tracing of contacts of patients suffering from sexually transmitted diseases is of paramount importance. Recent legislation is aimed at facilitating this part of our work, but how the service can best be implemented must be a subject for discussion, as it implies the possibility of additional accommodation and staff. The other field to which increasing attention is being paid, is that of education. This requires expert knowledge and great tact, and experience, and the closest co-operation between the Clinics in Wessex and those responsible for health education is an encouraging and stimulating sign.

STATISTICS FOR 1968

ANTE-NATAL CLINICS AND RELAXATION CLASSES.

(Position at 31.12.67 shown in brackets)

Ante-Natal Clinics				Relaxation Classes
No. of Women who Attended		No. of Sessions held by		
For Ante-Natal Examination	For Post-Natal Examination	L.H.A. Midwives	G.P's. Employed on Sessional Basis	No. of Women who Attended
783 (495)	12 (15)	340 (215)	51 (52)	3,074 (2,852)

CHILD WELFARE CLINICS.

<i>Year</i>	<i>L.H.A. Clinics</i>		<i>At G.P. Surgery with H.C.C. H.V. Attending</i>		<i>Percentage of Children Born during Year who Attended</i>		
	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>L.H.A. Clinic</i>	<i>G.P. Surgery Clinic</i>	<i>Total</i>
1966	557	32,123	150	8,266	66	16	82
1967	534	31,946	180	8,099	69	17	86
1968	539	33,143	244	11,287	67	21	88

DAY NURSERIES.

<i>Year</i>	<i>Number of Nurseries</i>	<i>Number of Approved Places</i>	<i>Average Daily Attendance during Year</i>
1967	2	85	74
1968	2	85	71

CARE OF PREMATURE BABIES.

<i>Weight at Birth</i>	<i>No. Born Alive</i>	<i>Died in First 24 Hours</i>	<i>Died in 1—27 Days</i>	<i>Percentage Surviving Neo-Natal Period</i>		
				1968	1967	1966
2 lb. 3 oz. or less ...	91	19	16	61	21	18
Over 2 lb. 3 oz. ...	56	16	9	55	59	53
Over 3 lb. 4 oz. ...	186	16	11	85	86	87
Over 4 lb. 6 oz. ...	224	4	7	95	96	91
Over 4 lb. 15 oz. ...	473	7	5	97	94	98
Total ...	1,030	62	48	89	89	88

DISTRIBUTION OF NATIONAL WELFARE FOODS.

<i>Distribution Centres.</i>		1966	1967	1968
Child Welfare Centres ...	...	154	152	165
W.V.S. Centres, Shops, etc. ...	...	184	171	179
		—	—	—
		338	323	344
		—	—	—
<i>Issues.</i>				
National Dried Milk (tins) ...	...	120,559	105,994	79,511
Cod Liver Oil (bottles) ...	...	15,371	15,154	13,763
Vitamin A and D Tablets (packets)		17,520	15,673	14,239
Orange Juice (bottles) ...	...	275,979	284,040	282,658

WORK OF HEALTH VISITORS. (Position at 31.12.67 shown in brackets)

		<i>Cases Visited</i>		<i>Total Visits</i>	
1	Children aged up to five years	61,209	(60,153)	190,269	(173,421)
2	Persons aged 65 or over	3,150	(3,211)	12,081	(9,631)
3	Number included in line 2 who were visited at the special request of a G.P. or hospital	1,959	(1,302)	—	(—)
4	Mentally disordered persons	595	(578)	1,679	(1,551)
5	Number included in line 4 who were visited at the special request of a G.P. or hospital	192	(195)	—	(—)
6	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	752	(650)	1,166	(1,042)
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	462	(430)	—	(—)
8	Number of tuberculosis households visited	666	(388)	886	(1,693)
9	Number of households visited on account of other infectious diseases	233	(480)	373	(679)
10	Other cases	4,450		11,214	

WORK OF DISTRICT MIDWIVES.

<i>Year</i>	<i>Domiciliary Confinements Attended</i>			<i>No. of cases delivered in hospitals, etc., but discharged to care of District Midwives before tenth day</i>
	<i>Doctor not booked</i>	<i>Doctor booked</i>	<i>Total</i>	
1966	60	3,997	4,057	4,965
1967	75	3,641	3,716	4,812
1968	39	3,659	3,698	6,218

NURSING MIDWIFERY AND HEALTH VISITING SERVICE.

Staff Employed at 31st December, 1968 (position at 31.12.67 shown in brackets).

	<i>Whole-time</i>	<i>Part-time</i>	
		<i>Number</i>	<i>Whole-time Equivalent</i>
Health Visitors/School Nurses ...	121 (116)	3 (4)	2.16 (2.31)
School Nurses	2 (—)	20 (18)	13.71 (12.47)
D.N./Midwife/Health Visitors ...	14 (14)	— (—)	— (—)
District Midwives	40 (36)	6 (13)	3.58 (4.99)
District Nurse/Midwives ...	104 (103)	8 (9)	5.34 (5.52)
District Nurses	56 (51)	27 (30)	15.56 (14.28)
Clinic Nurses	— (—)	3 (10)	1.36 (4.97)
Total ...	337 (320)	67 (84)	41.71 (44.54)

Administrative Staff Establishment.

County Nursing Officer	1 (1)
Deputy County Nursing Officer	1 (1)
Area Nursing Officers	6 (6)
Hospital Liaison Officer	1 (1)

WORK OF DISTRICT NURSES.

<i>Year</i>	<i>No. of Persons Nursed during Year</i>	<i>Persons Nursed who were aged:</i>			
		<i>Under Five Years</i>		<i>65 Years and Over</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1967	14,487	464	3	8,089	56
1968	14,415	458	3	9,368	65

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Number on Register at end of year.

	1965	1966	1967	1968
(a) Premises	84	115	153	202
Number of Places ...	2,236	3,175	4,320	5,313
(b) Child Minders ...	151	247	250	293
Number of Places ...	1,529	2,396	2,663	3,148

NURSING HOMES.

Number Open at End of Year		Beds			Closed	Opened
		Total	Maternity	Others		
1965	36	605	98	507	2	—
1966	34	560	64	496	4	2
1967	37	672	64	608	—	3
1968	36	706	64	642	1	—

VACCINATION AND IMMUNISATION.

Smallpox Vaccinations.

Year	Vaccinations					Re-Vaccinations			Grand Total
	Under 1 Year	1 Year	2—4 Years	5—15 Years	Total	2—4 Years	5—15 Years	Total	
1966	1,108	8,127	2,693	1,087	13,015	332	1,965	2,297	15,312
1967	779	8,046	2,591	739	12,155	311	1,984	2,295	14,450
1968	478	8,234	2,834	832	12,378	337	2,490	2,827	15,205

Measles Vaccinations.

Year of Birth					Others Under 16	Total
1968	1967	1966	1965	1961-64		
120	1,997	2,404	2,399	9,582	814	17,296

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis.

Completed Primary Courses for children under 16 years during the year ending 31st December, 1968.

Vaccine	Year of Birth					Others Under 16	Total
	1968	1967	1966	1965	1961-64		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	4,177	9,088	586	186	280	139	14,456
Diphtheria/Tetanus	125	188	74	49	268	308	1,012
Diphtheria only	2	2	—	—	—	3	7
Polio—Salk	3	7	2	—	2	2	16
Polio—Sabin	3,159	9,906	979	346	753	332	15,475
Total—Diphtheria	4,304	9,278	660	235	548	450	15,475
Total—Whooping Cough	4,177	9,088	586	186	280	139	14,456
Total—Tetanus	4,302	9,276	660	235	548	447	15,468
Total—Polio	3,162	9,913	981	346	755	334	15,491

Re-inforcing doses for children under 16 years during the year ending 31st December, 1968.

Vaccine	Year of Birth					Others Under 16	Total
	1968	1967	1966	1965	1964		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	35	2,112	4,788	957	3,871	848	12,611
Diphtheria/Tetanus	12	205	391	187	8,210	5,976	14,981
Diphtheria only	—	1	4	—	63	105	173
Polio—Salk	1	3	—	—	1	2	7
Polio—Sabin	23	1,279	2,036	563	11,989	4,718	20,608
Total—Diphtheria ...	47	2,318	5,183	1,144	12,144	6,929	27,765
Total—Whooping Cough	35	2,112	4,788	957	3,871	848	12,611
Total—Tetanus ...	47	2,317	5,179	1,144	12,081	6,824	27,592
Total—Polio	24	1,282	2,036	563	11,990	4,720	20,615

Acceptance Rates Primary Courses at 31st December, 1968.

Vaccine	1968	1967	1966	1965
Diphtheria	—	90%	93%	90%
Polio	—	81%	90%	87%

AMBULANCE SERVICE.

Year	Ambulance Service		Hospital Car Service		Amb. Car Service		Totals		Railway Transport	
	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients
1967	1,277,044	149,426	1,325,185	126,377	926,960	98,026	3,529,189	373,849	51,021	834
1968	1,435,117	174,709	18,756	1,718	2,222,613	200,232	3,676,486	376,659	51,441	742

Classification of patients carried by Ambulance Service vehicles.

Year	Road Accidents	Other Accidents	Sudden Illness	Maternity	Mental	Infectious	Other Cases	Total
1967	3,935	2,848	4,657	4,740	487	222	132,537	149,426
1968	4,447	2,560	4,208	3,730	628	260	158,876	174,709

TUBERCULOSIS STATISTICS.

Deaths from Pulmonary and Non-pulmonary Tuberculosis.

Year	Pulmonary		Non-Pulmonary	
	No.	Rate per 100,000 Population	No.	Rate per 100,000 Population
1966	18	1.9	4	0.4
1967	26	2.8	2	0.2
1968	18	1.2	6	0.6

HOME HELP SERVICE—SUMMARY OF WORK 1968

Division	Applications Received in 1968			Total New Cases Assisted	Good Neighbour Scheme	
	Total	No. Assisted	Help Not Required for 1969		New Cases	Total Assisted
I Aldershot M.B. Farnborough U.D. Fleet U.D. and Hartley Wintney R.D.	536	356	168	12	83 106 179	(77) (112) (157)
II Fareham U.D.	274	208	65	1	211	(220)
IV Eastleigh M.B. Romsey M.B. and Romsey & Stockbridge R.D.	213	155	48	10	121 44	(129) (31)
V Christchurch M.B. Lymington M.B. Ringwood & Fordingbridge R.D. New Forest R.D.	575	344	215	16	93 100 55 110	(100) (93) (59) (149)
VI Alton U.D. and R.D. Petersfield U.D. and R.D. Droxford R.D.	323	170	139	14	71 70 41	(54) (86) (44)
VII Basingstoke M.B. Basingstoke R.D. Winchester City	265	164	91	10	132 37	(122) (37)
VIII Winchester R.D. Andover M.B. and R.D. Kingsclere & Whitchurch R.D.	600	328	236	36	96 124 105 31	(123) (171) (79) (33)
Sub-Total	2,786	1,725	962	99	1,809 203 343	(1,876) (193) (313)
III Gosport M.B. IX Havant & Waterloo U.D.	2,786 2,756	1,725 1,780	962 853	99 123	2,355 2,382	110 100

* Figures in parenthesis represent 1967.

HOME HELP SERVICE—CASES ASSISTED 1968

Division	Short-Term				Mentally Disordered	Special	Long-Term			Total 1968	Total 1967
	Maternity	Emergency Sickness	Post- Hospital	Child Care			Chronic Sick	Tubercu- losis	Aged Sick and Infirm (65 years and over)		
I Aldershot M.B. Farnborough U.D. Fleet U.D. and Hartley Wintney R.D.	87	28	64	5	1	2	48	—	471	706	681
II Farnham U.D.	33	24	20	2	4	—	20	—	356	459	457
IV Eastleigh M.B. Romsey M.B. and Romsey & Stockbridge R.D.	40	2	12	—	1	—	27	—	328	410	396
V Christchurch M.B. Lymington M.B. Ringwood & Fordingbridge R.D.	46	31	34	1	6	2	55	2	662	839	859
New Forest R.D.											
VI Alton U.D. and R.D. Petersfield U.D. and R.D. Droxford R.D.	27	8	13	1	2	—	35	—	322	408	424
VII Basingstoke M.B. and R.D.	43	7	18	4	7	1	41	2	270	393	365
VIII Winchester City and R.D. Andover M.B. and R.D. Kingsclere & Whitchurch R.D.	103	24	29	1	3	7	77	—	595	839	842
Sub-Total 1968	379	124	190	14	24	12	303	4	3,004	4,054	4,024
Sub-Total 1967	440	142	182	33	25	6	280	7	2,909	—	—
III Gosport M.B.	21	69	57	—	—	—	56	44	441	587	568
IX Havant & Waterloo U.D.	77	57	57	4	4	—	44	—	533	715	621
Total 1968	477	454	454	28	28	12	407	377	3,978	5,356	5,213
Total 1967	538	494	494	26	26	6	377	—	3,772	—	—

THE SCHOOL HEALTH SERVICE

Medical Inspection.

There was no change in the procedure of inspection during the year. The numbers inspected show a small decrease, which was mainly in the Leavers: this is in accordance with the trend, mentioned in my last report, towards omitting the routine inspection of Leavers and according them special consideration at the Selection Visits.

TABLE 1
PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (by years of birth)</i>	<i>Number of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>Number</i>	<i>% of Col. 2</i>	<i>Number</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1964 and later	22	21	95.45	1	4.55
1963	3,813	3,811	99.95	2	0.05
1962	10,461	10,440	99.98	21	0.02
1961	1,198	1,198	100.00	—	—
1960	602	601	99.83	1	0.17
1959	414	414	100.00	—	—
1958	316	316	100.00	—	—
1957	265	265	100.00	—	—
1956	316	316	100.00	—	—
1955	228	228	100.00	—	—
1954	267	267	100.00	—	—
1953 and earlier	5,403	5,402	99.81	1	0.19
Total	23,305	23,279	99.89	26	0.11

The percentage of children recorded as of "unsatisfactory physical condition" (Table 1) remained at the same low figure as last year. The school medical records of 21 of these "unsatisfactory" children were specially studied, to see whether any clear pattern emerged either of physical defect or of evidence of inadequate dietary or home care. There was no such pattern. Several of the children had specific disabilities such as meningomyelocele, congenital cataracts, squint, congenital heart disease, asthma, chronic bronchitis, and cleft palate; such children may achieve much, but many of them are unlikely to attain physical normality. Others were pale, lacking in appetite, fatigued, and below normal weight; nearly all were five or six year olds seen at the entrant inspection—and most will become healthy robust children after a year or two of school life. A third group suffered from one or more of the manifestations of upper respiratory infection—that bane of infant school life: probably it is significant that only one of the 21 children was recorded as "unsatisfactory" at an inspection in the summer term. All these children are of course kept under observation so long as their condition is considered unsatisfactory.

TABLE 2
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	For Defective Vision (excluding Squint)		For any of the other conditions recorded in Table 4		Total Individual Pupils	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)	Number (7)	% of Col. 2 (8)
1964 and later	22	—	—	1	5.0	1	5.0
1963	3,813	108	2.8	398	10.4	446	11.7
1962	10,461	306	2.9	1,203	11.5	1,244	11.9
1961	1,198	32	2.7	121	10.1	132	11.0
1960	602	13	2.2	59	9.8	63	10.5
1959	414	14	3.4	37	8.9	46	11.1
1958	316	13	4.1	36	11.4	45	14.1
1957	265	8	3.0	23	8.7	28	10.6
1956	316	11	3.5	27	8.5	37	11.7
1955	228	11	4.8	21	9.2	31	13.6
1954	267	15	5.6	13	4.9	26	9.7
1953 and earlier	5,403	91	1.2	159	2.9	237	4.4
Total	23,305	622	2.67	2,098	9.0	2,336	10.0

The percentage (9.00) of children found at periodic medical inspections to require treatment for conditions other than defective vision (Table 2) has fallen steadily in recent years: it is now half the 1960 figure.

TABLE 3
OTHER INSPECTIONS

Number of Special Inspections	...	...	8,482
Number of Re-inspections	...	...	19,563
Total	...	...	28,045

The number of re-inspections fell from 18.8% of the school population in 1967 to 13.0% in 1968—a result of deliberate policy as mentioned in a previous report: the opportunities for discussing the health and progress of individual children at the selection visits diminish the necessity for re-examination.

Table 4 indicates the findings at school medical inspection under the headings of the standard School Medical Record Card. There are no significant departures from the findings in recent years. Apart from defective vision (considered later) the main group of defects found among Entrants was, as usual, the **upper respiratory infections**, with **hearing-loss** (usually transient) as its chief result of educational significance. Several School Medical Officers made comment upon this, one of whom has suggested that the hot-air central heating in the schools may contribute to upper respiratory infection by tending towards over-heating or over-drying of the rooms (if the windows are not opened sufficiently), with a marked contrast in air-temperature when the children go out, and possibly also by circulating dust. These possibilities are under discussion with the County Architect; but it should be said that there is in fact no evidence of an increase (rather the reverse) of upper respiratory infection among Infant School children in recent years.

The other medical inspection finding which has given rise to comment by school medical officers is the prevalence of **asthma**, with or without **eczema**. This is, of course, recorded on the child's school medical record, but prevalence statistics are not kept except as regards children who are ascertained as handicapped pupils on this account: they are referred to later in this report.

A disability related to asthma is **hay-fever**, and Dr. T. E. Roberts, S.M.O. (and M.O.H. of Basingstoke Borough and Rural District) carried out an interesting study on the prevalence of this condition and its effect upon school attendance. Among 3,833 secondary school children, 4.1% had hay-fever, with its peak in the month of June, a time when many children sit major school examinations: but symptoms were present, and there was considerable failure to attend school on this account, throughout the summer term, so, as Dr. Roberts points out, "The impact of hay-fever upon examination results therefore does not derive solely from the illness during the time of the examination, but also from previous interference with education." Symptoms can be suppressed by drug therapy, but with a risk of drowsiness which may itself interfere with education. Dr. Roberts is pursuing his investigations into the possibility of preventing this condition by hyposensitising injections.

ANALYSIS OF DEFECTS FOUND AT PERIODIC AND SPECIAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1968

*The rates per 1,000 girls are approximately double the figures shown.

TABLE 5
ANNUAL VISION TESTING

Number of children with normal vision	...	...	111,372
For re-test	...	...	7,007
Referred to School Medical Officer or Eye Clinic	...	...	3,235
			121,614

80.75% of school children had their vision tested and 2.7% of those tested were referred to the Eye Clinics. The aim is to test each child's vision annually, but inadequacy of school nursing time makes this impossible. The school nurses are provided from the Health Visitor establishment, and their number cannot be further increased without aggravating the already excessive demands upon the time of Health Visitors.

TABLE 6
COLOUR VISION (Boys in 2nd Year of Secondary School)

Total tested	...	...	5,716
Total defective	...	...	404
Percentage defective	...	...	7.1%

TABLE 7
INCIDENCE OF SQUINT FOUND PER 1,000 SCHOOL ENTRANTS AT PERIODIC MEDICAL INSPECTION

Year	Referred for		Total
	Treatment	Observation	
1963	14.8	26.3	41.0
1964	9.4	24.3	33.7
1965	9.7	25.2	34.9
1966	11.2	21.6	32.8
1967	17.8	21.2	39.0
1968	10.7	24.1	34.8

The diagnosis of squint presents considerable difficulties to school medical staff. Because of the over-riding importance of early treatment of this condition the doctors naturally refer a great many doubtful cases to the School Eye Clinics "on suspicion," both from school medical inspection and even more so from the Child Health Centres. An analysis of 87 such referrals in the autumn (1967) and spring (1968) terms showed that the diagnosis was confirmed by the ophthalmologists in only 15 cases. As would be expected, the diagnosis was confirmed in a higher proportion (6 out of 21) of school children than of pre-school children (6 out of 66). This means that the rate of referral from school medical inspection (Table 7) is a poor guide to the true incidence; unfortunately this is true also of the School Eye Clinic findings, for the quite different reason that because of the difficulty of staffing them the Eye Clinics have fluctuated considerably in the school population served by them.

TABLE 8
SUMMARY OF WORK OF SCHOOL EYE CLINICS

	New Cases	Re-Examinations	Total 1968	Total 1967
Number of children seen	2,071	3,106	5,177	5,283
Total attendances	2,071	4,019	6,090	5,979
Glasses ordered for first time	690	560	1,250	1,429
Lenses changed	—	1,293	1,293	1,344
Glasses discontinued	—	22	22	66
Recommended for orthoptic treatment	—	—	20	71
Referred for advice re. operative treatment	—	—	69	65

The Clinics at Andover, Christchurch and Lymington remained closed throughout the year because no ophthalmologist could be found; and parents of children found to require investigation or treatment were advised to refer them to the supplementary ophthalmic service or the hospital eye departments.

Audiometry and Hearing Defects.

In 1968 pure tone audiometric testing of selected children referred by the School Medical Officers from School Medical Inspection and by Head Teachers was continued, and the results are shown in Table 9 below.

TABLE 9
AUDIOMETRY

<i>Age</i>	<i>No. of Children Tested for the First Time</i>	<i>No. of Re-Tests</i>	<i>Children newly found to have Hearing Loss</i>
5	3,242*	116	285
6	1,660	535	437
7	785	599	178
8	641	553	124
9	382	342	70
10	276	223	45
11	171	228	34
12	141	183	16
13	66	159	19
14	31	118	8
15	29	79	5
16	15	30	6
17	4	14	—
Total	7,443	3,179	1,227

*This figure includes 2,543 children in the Havant Delegated Area, where routine sweep testing of "entrants" has been undertaken since September, 1967.

Allowing for this, there was a small reduction in the number of children referred for audiometry on account of suspected deafness as compared with the previous year. What is more remarkable, however, is that the figure (1,227) for children newly found to have a hearing loss represents only 0.82% of the school population as compared with 1.18% in 1967.

The hearing testing of certain special groups of school children was continued as previously:—

Children with cerebral palsy: nine children were tested and one was found to have a slight hearing loss.

Children with speech defects: 258 were tested for the first time and 70 had a hearing loss.

Children with hearing aids of whom there were 164 in 1968 in ordinary schools.

THE WORK OF THE TEACHERS OF THE DEAF.

I am indebted to the County Education Officer for the following report by Miss Kitching, Acting Senior Peripatetic Teacher of the Deaf:—

"During the year, the work of the peripatetic teachers of the deaf has continued to be mainly remedial teaching, assessment, Clinic work, advising class teachers and helping hearing-handicapped children with any problems that may arise. They have also worked in close liaison with the school Medical Service.

In September, Mr. Priddle, the Senior Teacher of the Deaf was granted a year's leave of absence to attend Manchester University to study for the Diploma in Audiology. Mr. R. A. Wise, an experienced teacher, who has recently completed a year's course at London University to gain the Diploma in Education of the Deaf, was appointed as a temporary peripatetic teacher of the deaf to complete the team of three teachers during Mr. Priddle's absence.

During 1968, the plans for the opening of a nursery diagnostic unit for young deaf children were at last fulfilled. There were children in the Gosport/Havant/Fareham area considered to be suitable, and so it was arranged to set up a unit at Portchester Wicor Infants School with the co-operation of the Head Teacher, Mrs. Cook.

A temporary classroom was converted for the use of small deaf children. Toilets and washing facilities were added—also a small outside play area. Group hearing aid equipment which had previously been used both at Cove Manor Unit and Wallisdean Unit was installed as a temporary arrangement during the financial "squeeze."

It was hoped that the unit would be open at Easter, 1968, and Miss V. Smith, a teacher of the deaf who had had previous experience with young deaf children in Shropshire, was appointed as Teacher in Charge of the Unit. Unfortunately, building operations were delayed, and the Unit was not opened until November, 1968. However, during this period, Miss Smith was introduced to her future pupils by Mr. Markides, the County

Audiologist, who had previously been responsible for their home training, and she visited the children regularly in their homes. Now that the Unit is open, the children attend three days per week, and on the remaining two days, the Unit Teacher continues to visit the homes to give help and advice to the parents.

COVE MANOR PARTIALLY HEARING UNIT, FARNBOROUGH

Infants — 7
Juniors — 6 (two of whom attend part-time from a private school)

WALLISDEAN PARTIALLY HEARING UNIT, FAREHAM

Infants — 5
Juniors — 9
Seniors — 6 (minimal supervision)

WICOR NURSERY DIAGNOSTIC UNIT, PORCHESTER

6 in full-time attendance (three days per week)
1 in part-time attendance (this child suffers from a heart condition)

PERIPATETIC CASES

Weekly or twice weekly teaching: with hearing aids	...	37
without hearing aids	...	2
Regular review (at least twice a term): with hearing aids	...	27
without hearing aids	...	6
Infrequent review: with hearing aids	...	63
Total		135

In addition to these cases, 240 children were referred to the peripatetic teachers of the deaf during the year for further investigation. Of these, 133 were dismissed as requiring no further action on the part of the teachers of the deaf, but the remaining 107 will be reviewed during 1969."

TABLE 10
AUDIOLOGY CLINICS

	ALDERSHOT						BASINGSTOKE				WINCHESTER			
	Pre-School		School Children		Adults		Pre-School		School Children		Pre-School		School Children	
	New	Re-Ex.	New	Re-Ex.	New	Re-Ex.	New	Re-Ex.	New	Re-Ex.	New	Re-Ex.	New	Re-Ex.
No. of Cases	8	9	5	15	—	2	2	2	33	30	5	2	40	69
No. of Attendances	8	14	5	18	—	2	2	3	33	32	5	2	40	81
Recommended Hospital Treatment	2		2		1		—		13		1		24	
Recommended Hearing Aids	5		—		—		2		2		1		5	
Referred to other Specialists	—		—		—		—		—		—		—	
Recommended S.E.T.	1		—		—		—		—		—		—	
Discharge	2		5		—		1		33		3		46	

School Speech Therapy Service.

Report by Mr. Arthur Tolfree, Chief Speech Therapist:—

"At the beginning of the year the total staff of Speech Therapists, in terms of whole-time employment, had fallen almost to half the establishment of $7\frac{1}{2}$. By early November the total had risen to 6, at which level it continued until the end of the year. The number of sessions held during the year fell by 260 with a consequent fall in the number of treatments given by 1,005. The combined waiting-list on 31st December was 178, an increase of 40 on the corresponding figure in 1967.

For some 25 years the generally agreed ideal standard of staffing quoted has been the equivalent of one whole-time speech therapist for a school population of between 10,000—15,000 children. In September the maintained school population in Hampshire was 150,480. As pre-school children are admitted to the County School Speech Clinics it will be realised how far short of the ideal the existing establishment is, and how much more unsatisfactory in actual fact owing to the difficulty in recruiting speech therapists.

An additional responsibility during the year was the provision of speech therapy at the newly opened Rosemary Portal Junior Residential School for Educationally Sub-normal Pupils. Whenever possible one session (i.e., half-day) weekly was reserved for this essential work. Apart from this extension of services the pattern of the Speech Therapy Service was, on the whole, little changed."

TABLE 11
SPEECH THERAPY CLINICS

Clinic sessions held	2,146
Consultations	548
Treatments	10,857
New cases referred during the year	550
Cases treated:—	
(a) New cases commencing during the year	505
(b) Continued from 1967	947
	— 1,452
Children discharged	569
Number on Register 31.12.68:—	
(a) Under treatment	842
(b) Awaiting treatment after consultation	41
	— 883
Waiting List (awaiting consultation) on 31.12.68	178

TABLE 12
SPEECH THERAPY CLINICS

Children discharged—Results of treatment.

<i>Reason for Discharge</i>	<i>No Improvement</i>	<i>Improved</i>	<i>Speech Satisfactory</i>
Found unsuitable for treatment ...	16	10	—
Failure to continue attendance ...	28	49	3
No further response anticipated	1	68	292
Left school	6	25	7
Left district	8	53	3
Total ...	59	205	305

Grand Total Discharged ... 569

TABLE 13
SPEECH THERAPY

The following table shows the number of boys and girls under treatment on 31.12.68 by Speech Therapists for each type of defect.

<i>Defect</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Dyslalia	382	177	559
Dysarthria	4	3	7
Stammer	59	15	74
Cleft Palate	5	5	10
Delayed Speech Development ...	90	41	131
Dual defects	12	7	19
Others	55	28	83
Total ...	607	276	883

Mr. Tolfree drew attention last year to the reduction in the number of stammerers. There was a further fall in 1968, and the figure is half that obtained in 1965, though the total number of children treated has increased somewhat over this period.

Child Guidance Service.

Mr. I. Hadfield, Consultant Child Psychiatrist, reports as follows:—

“This year the Child Guidance Service has had a number of staff changes which have inevitably led to some disruption of clinics. After Mr. Harborth, our Senior Educational Psychologist, left to take up his appointment as Lecturer at Southampton University, Miss Kidd was appointed to take the senior post but left soon after in

order to marry. Subsequently, Dr. Lowenstein was appointed and took up his post in June. Already he has shown great drive and initiative in his attempts to meet the psychological needs of the children in the County and particularly in his efforts to assess these needs.

On the Psychiatric side, the Wessex Regional Hospital Board appointed Dr. Thornber as Consultant Child Psychiatrist, to fill the vacant post. Dr. Thornber had considerable experience in both adult and child psychiatry and came to us from the Wessex Unit, Portsmouth. She also had links with Leigh House Adolescent Unit. On taking up her post in November she took over the Gosport and Havant clinics and we were able to double the amount of clinical time in these areas. She also retains a link with the Wessex Unit undertaking one session a week there for the Regional Hospital Board.

On Dr. Thornber's appointment, Dr. Crossley was able to give up Andover and Basingstoke clinics, which were then taken over by me, and concentrate on Christchurch, Hythe and Eastleigh clinics. We were also in a position of offering consultative time to the Children's Department and the Compton Diagnostic Unit, this being undertaken by Dr. Crossley.

It has always been considered advisable for Consultant Child Psychiatrists in Local Authority clinics to have links with Hospital Service, and arrangements were made in the latter part of the year for Dr. Crossley to have an Out-Patient session at the Children's Hospital in Southampton. This link should be very valuable to our services as a whole.

In the Social Work side of the clinics it was agreed that, in the face of the national shortage of fully qualified psychiatric social workers, we should appoint a limited number of case workers who had not done the full Mental Health course. This experiment has been an outstanding success and the case workers appointed: Mrs. Abramsky, Mrs. Hall, Mrs. Hampson, Miss Colwill and Miss Swan have made outstanding contributions to the work of the clinics and have been able to benefit from the supervision and case discussions which we have been able to offer them.

In the latter part of the year we were fortunate in being able to appoint Miss Taylor who had completed the full training for psychiatric social work.

The appointment of these case workers has inevitably entailed a great deal of extra work devolving on to Miss Barnes, our Senior Psychiatric Social Worker, who has continued to undertake her full casework load as well. The responsibility and case load she had undertaken is a very real burden and we are most grateful to her for undertaking this so willingly and patiently.

It had become clear that many of the students on the psychiatric social work courses were seconded to these by other authorities, and that if we are to be in a position to fill vacancies on our own establishment it would be necessary to second our own students.

It was agreed that the County should second three students in three years and, although no suitable applicants came forward in the first year of the scheme, we were able to second two students for University courses which began in September. These students give a guarantee that they will return to the Hampshire Child Guidance Service on completion of their courses. We will, therefore, be in a position of having two qualified psychiatric social workers for appointment to the Service in September, 1969.

The clinics continue to offer training facilities to students and others and we consider that this aspect of the work is essential for the increased understanding which it gives, and is also of benefit to the Child Guidance staff in their own clinical work. With the advent of the Medical School in Southampton we hope to be in the position to extend our training facilities to this group, when this becomes necessary, and the improved amenities which the new clinic premises will provide will facilitate this.

I would like also to comment on the rôle of the clerical staff in the work of the clinics. There is no question that the clinical staff could not operate satisfactorily without the support and backing of the clerical staff. Not only do they take a great deal of the administrative work off the professional staff, but they are very skilled in dealing with clinical situations when the professional staff are not available. There is no question that the 'image' which the service has depends to a very great extent on the skill and understanding with which the clerical staff handle the anxieties of families when they telephone or call at the central office. Without their willing help the service would be very much less effective and a great deal of valuable professional time could be wasted. They are in a very real sense members of the clinic 'team.'

It is still a matter of great concern that the establishment of clinic staff is falling well behind the needs of the increasing population. This must be kept very much in mind since it would be a great pity if first-class staff were unable to offer a proper professional service as a result of an increasing burden of case loads. The service is now showing good progress towards providing for the mental health needs of families and children but this must be kept under constant review if we are to maintain this progress."

TABLE 14
CHILD GUIDANCE SERVICE

New cases referred during the year	...	...	...	...	892
Old cases re-opened	...	...	...	...	91
					983
Reasons for Referral.					
Behaviour disorders	...	...	...	...	630
Habit disorders	...	...	...	...	123
Nervous disorders	...	...	...	...	83
Educational and vocational advice	...	...	...	...	51
Failing to attend school	...	...	...	...	38
In need of care or protection	...	...	...	...	30
Breach of recognisance	...	...	...	...	13
Miscellaneous	...	...	...	...	15
					983

School Psychological Service.

Dr. L. F. Lowenstein, Senior Educational Psychologist, reports as follows:—

“This report was written by the Senior Educational Psychologist who was only appointed during the middle of 1968. The survey was carried out with the help of the area psychologists and the co-operation of the School Psychological Service secretary.

The total number of referrals for 1968 was 1,739. This is a decrease when compared with the previous year but this should not be falsely interpreted. I feel that the reduction in referrals arises from three major factors:—

- (1) There was no psychologist for the Havant area and referral from this area was therefore discouraged.
- (2) There was no psychologist for the Basingstoke area during the major part of the year and hence there was a tendency to discourage referrals coming from Basingstoke and environs.
- (3) The various sources of recommendation shown in Table 1 were very conscious of the long waiting list and also of the shortage of staff and hence had, of their own volition, not referred many children for whom opinions would otherwise have been sought.

It was felt that if a full complement of staff or considerable numbers of psychologists were available and the service could be carried out as required, the referrals would probably have been double their present number.

There was a staff of five-and-a-half psychologists during various periods of the year, and one trainee psychologist.

TABLE 15

<i>Sources of Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Head Teacher	525	215	740
Psychiatrist	267	67	334
School Medical Officer	282	114	396
Court	81	56	137
County Education Officer	52	32	84
Parent	30	8	38
County Children's Officer	8	1	9
Probation Officer		1	1
	1,245	494	1,739

There are a great number of reasons for referring children to the School Psychological Service. In some cases it was a purely educational problem; in others a problem of emotional difficulties produced by, or producing educational problems and in other instances parental guidance was the most necessary aspect of the treatment. The greatest number of referrals came from Head Teachers, as on previous occasions, and here the largest drop of numbers occurred for the reasons already mentioned. What is perhaps most likely to produce anxiety in psychologists is the fact that parents referred so few children during the course of this year. Again it is probably that the shortage of staff discouraged them from referring more children, as there could be no assurance of a reasonably prompt service for most cases.

TABLE 16

<i>Reasons for Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Assessment and re-assessment	589	150	739
Educational advice	51	38	89
Psychological investigation	81	56	137
Backwardness	88	53	141
Suitability for Special Schools, etc. ...	242	97	339
Behaviour	163	81	244
Emotional	19	11	30
Pilfering	4	3	7
Speech defect	3	1	4
Hearing defect	1	2	3
Reading and spelling difficulties ...	4	2	6
	1,245	494	1,739

The greatest reason for referrals was for assessment and re-assessment, including intellectual assessment, achievement testing, and in some cases personality testing. This figure was almost half that of the previous year because of the shortage of staff and the call upon the service in other directions. There is a marked increase in assessments for purposes of being placed in special schools and an increase in children being referred as a result of behaviour problems.

As in the previous year approximately twice as many boys were referred than girls.

Most of the children who were assessed were in the 84—114 I.Q. category. This corresponds with the previous year's results and is according to the gaussian (normal) curve distribution.

The age distribution of the children referred resembled in many ways that of the previous year; 8-year-olds were most liberally represented and most of these, as previously, tended to be boys. This was followed by the 9-year, 10-year, 7-year and 11-year-old group.

TABLE 17

Age Distribution.

	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Adult	TOTAL
Boys	1	6	15	31	71	192	127	94	63	54	37	29	33	14	11	—	9	787
Girls	1	2	10	12	22	79	39	28	26	14	20	20	25	20	7	3	1	329
Total	2	8	25	43	93	271	166	122	89	68	57	49	58	34	18	3	10	1,116

Some effort was made to give deeper treatment of both an educational and psychological nature to some children who were referred to the clinic and it was felt that despite the long waiting list serious cases required a deeper assessment and treatment. At least 25 cases in this category were seen by the Senior Educational Psychologist, himself.

This year also brought about a survey initiated by the School Psychological Service. This was carried out throughout Hampshire with the object of discovering the numbers of children who needed to be seen urgently by the School Psychological Service and those upon whom an opinion was required as soon as possible. It was clear from this survey that there were a great number of children who required to be seen not merely for psychological assessment and treatment but for placement in special educational settings. The present staffing of psychologists for school children in Hampshire is still more than 25,000 per psychologist and unless this ratio is improved it is unlikely that the service in the future can be significantly improved in scope or quality."

County Dental Service.

Report of the Chief Dental Officer and Principal School Dental Officer—Mr. C. C. Chadwick.

DENTAL STAFF.

The equivalent number of whole-time Dental Officers employed by the County continued to increase from 37.3 in 1967 to 38.1 in 1968.

The whole-time equivalent of Dental Auxiliaries also increased from 8.1 in 1967 to 9.17 in 1968, and as during the last year, ten Medical Anaesthetists were employed during the year to complete a whole-time equivalent of 1.5.

CLINIC PREMISES.

Two new Clinics were opened during the year: one built in the grounds of Farnborough Grange County Primary School and one at the Alresford Group Practice Clinic.

The delivery of two more mobile dental trailers made a welcome increase to the fleet which now numbers 19. These are used not only for treatment in rural areas but also as fixed Clinics in urban areas, pending the building of the proposed Health Centres and similar accommodation.

DENTAL INSPECTION AND TREATMENT—SCHOOL CHILDREN.

The School Dental Service maintained a high level of regular inspections over the County as a whole. In some areas the interval between inspection has become longer than is desirable, but it is of considerable interest to note from the Tables that although 1,819 fewer children were inspected at school, 1,897 more were inspected at Clinics. This fact would indicate that there is a growing interest on the part of parents and children to seek regular dental inspections rather than to await the regular school visit.

The satisfying upward trend in the rate of consent continues and now stands at 64.1%, which represents a 1.5% increase over the 1967 figure.

As forecast in 1967, Orthodontic treatment is demanding more time from the Dental Officers with 114 additional cases and a corresponding rise in the provision of removable appliances. With the increasing experience in this specialised field, 61 fewer cases were referred to an Orthodontic Consultant.

ALLOCATION OF STAFF TIME.

The allocation of Staff Time has increased again for "Health" patients (i.e., pre-school, expectant and nursing mothers and mental health patients) as compared with "Education" patients (i.e., school children), the greatest increase being for the Pre-School child group.

It would appear that the emphasis of the dental health education programme on the need for the three year old child to receive dental inspection and the corresponding benefit accruing from the Birthday Card Scheme are at last bearing fruit.

The numbers of Expectant and Nursing Mothers actually treated in 1968 reversed the previous trend in that there was an increase from 218 in 1967 to 333 in 1968.

A comparison from 10 years ago illustrates the change:—

	<i>Education</i>	<i>Health</i>
1958	96.2%	3.8%
1968	89.3%	10.7%

MENTAL HEALTH PATIENTS.

Every Training Centre was again visited each term and although the allocation of Clinic Sessions was reduced by 21 for this group, the inference is that at last the actual dental treatment necessary is being controlled and future allocations for treatment, as opposed to Inspections, will continue to decline.

DENTAL HEALTH EDUCATION.

The programme of Dental Health Education once again reached the high level that is now expected as the following table summarising the work carried out in dental health education reveals:—

TABLE 18

DENTAL HEALTH EDUCATION

	<i>No. of first visits</i>		<i>No. of subsequent visits</i>		<i>No. of talks given</i>	
	1968	1967	1968	1967	1968	1967
Schools	342	323	55	34	900	805
Training Centres	8	13	5	1	17	18
Parent-Teacher Associations	7	10	—	—	7	10
Ante-Natal Classes ...	29	29	95	44	123	79
Child Welfare Centres ...	6	8	1	1	12	10
Young Wives, etc.	17	11	1	—	18	13
Totals	409	394	157	80	1,077	935

The total of over 1,000 talks given represents another milestone in the field of dental health and reflects very favourably on the work of the Dental Auxiliaries, the County Dental Health Lecturer and those Dental Surgery Assistants who have been specially trained in dental health lecturing and no praise can be too high for their performance.

DENTAL AUXILIARIES.

Five years have elapsed since the introduction of Dental Auxiliaries to our Dental Staff and this year I have given separate details of the work which they have done in the Tables on Dental treatment. Their contribution to the County Dental Service especially in the Pre-School and Primary School patient is of exceptional value.

Finally, on behalf of the County Dental Staff, I should like to thank the Teaching Staff of the Authority for their invaluable co-operation and help in the work of the County Dental Service and also the members of the Dental Section at Headquarters for their help during the year which has greatly contributed to the efficient running of the Dental Service in this County.

TABLE 19
PRIORITY DENTAL SERVICES

A. Dental Inspection—Pre-School Children, Expectant and Nursing Mothers, Mental Health

	<i>First examination during year</i>				<i>Second and subsequent examinations during year</i>			
	<i>No. Inspected</i>	<i>No. Found to Require Treatment</i>	<i>No. Offered Treatment</i>	<i>No. Consenting for Treatment</i>	<i>No. Inspected</i>	<i>No. Found to Require Treatment</i>	<i>No. Offered Treatment</i>	<i>No. Consenting for Treatment</i>
Pre-School ...	6,989	4,203	4,124	4,055	762	564	560	559
Mothers ...	457	331	331	328	14	12	12	12
Mental Health	879	646	607	531	546	406	330	290

TABLE 20

B. Dental Treatment—Pre-School Children, Expectant and Nursing Mothers, Mental Health

	<i>Pre-School</i>		<i>Mothers</i>		<i>Mental Health</i>	
	1968	1967	1968	1967	1968	1967
1. Attendances including "Emergencies" ...	10,891 (4,717)	8,646 (3,474)	911 (2)	713 (2)	1,318 (40)	1,477 (48)
2. Emergencies ...	450 (65)	490 (44)	47 (—)	151 (—)	27 (—)	22 (—)
3. Number actually treated ...	4,558 (1,560)	3,379 (988)	333 (2)	218 (2)	645 (30)	613 (16)
4. Additional courses of treatment commenced ...	535 (189)	597 (289)	16 (—)	23 (—)	257 (—)	234 (—)
5. Fillings—Permanent Teeth ...	— (—)	— (—)	521 (—)	432 (—)	579 (—)	814 (—)
Deciduous Teeth ...	9,881 (5,447)	7,694 (3,812)	— (—)	— (—)	175 (—)	129 (—)
6. Extractions—Permanent Teeth ...	— (—)	— (—)	334 (—)	266 (—)	172 (—)	141 (—)
Deciduous Teeth ...	2,126 (44)	1,874 (15)	— (—)	— (—)	96 (—)	115 (—)
7. General Anaesthetics administered:						
By Medical Anaesthetist ...	743 (—)	672 (—)	36 (—)	22 (—)	60 (—)	61 (—)
By Dental Officer ...	122 (—)	129 (—)	4 (—)	2 (—)	2 (—)	1 (—)
8. Number of Patients X-rayed ...	88 (57)	38 (11)	41 (2)	43 (2)	45 (—)	40 (1)
9. Prophylaxis ...	2,275 (1,546)	1,540 (1,054)	201 (2)	133 (2)	488 (40)	551 (49)
10. Gum Treatment ...	108 (9)	18 (15)	87 (—)	56 (—)	100 (—)	184 (—)
11. Teeth otherwise conserved ...	1,982 (339)	1,664 (385)	13 (—)	18 (—)	132 (—)	71 (—)
12. Other Operations—Permanent Teeth ...	— (—)	— (—)	158 (—)	145 (—)	89 (—)	29 (—)
Deciduous Teeth ...	2,142 (923)	1,840 (592)	— (—)	— (—)	28 (—)	— (—)
13. Teeth root filled ...	17 (—)	6 (—)	1 (—)	3 (—)	— (—)	— (—)
14. Inlays and crowns ...	— (—)	— (—)	4 (—)	1 (—)	3 (—)	1 (—)
15. Number of dentures fitted ...	— (—)	— (—)	54 (—)	46 (—)	16 (—)	22 (—)
16. Courses of treatment completed ...	4,084 (1,318)	3,149 (1,002)	246 (2)	180 (—)	702 (40)	766 (49)

The figures in brackets, which represent the work carried out by the Dental Auxiliaries, are included in the main figure

TABLE 21
DENTAL INSPECTION—SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	<i>First examination during year</i>				<i>Second and subsequent examinations during year</i>			
	<i>No. inspected</i>	<i>No. found to require treatment</i>	<i>No. offered treatment</i>	<i>No. consenting for treatment</i>	<i>No. inspected</i>	<i>No. found to require treatment</i>	<i>No. offered treatment</i>	<i>No. consenting for treatment</i>
No. Inspected at School ...	97,701	68,061	63,751	34,983	9,231	5,886	5,413	3,448
No. Inspected at Clinic ...	14,420	12,852	12,797	12,623	4,359	3,856	3,842	3,840
Total Inspected at School and Clinic	112,121	80,913	76,548	47,606	13,590	9,742	9,255	7,288

TABLE 22
ALLOCATION OF SESSIONS

CLINIC TREATMENT.				INSPECTIONS.			
Schools and Special Schools	...	16,412		Schools and Special Schools	...	764	
Pre-School	...	1,521		Child Welfare Centres	...	179	
Expectant and Nursing Mothers	...	127		Mental Health	...	52	
Mental Health	...	184					
				Total Inspections	...	995	
Total Clinic Treatment	...	18,244*					
				DENTAL HEALTH EDUCATION.			
				Dental Officers, Dental Auxiliaries			
				and Dental Hygienist	...	394†	
				Dental Health Lecturers	...	283	
				Total Dental Health Education	...	677	

*This total includes 125 evening sessions and 125 Dental Officer Anaesthetist sessions.

†This total includes 7 evening sessions.

TABLE 23
DENTAL TREATMENT—SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	1968				1967
	Age 5—9	Age 10—14	Age 15+	Total	Total
1. Attendances for treatment including "Emergency" and "Orthodontic" ...	63,259 (9,930)*	46,979 (2,655)	7,353 (271)	117,591 (12,856)	121,187 (11,840)
2. Emergencies ...	2,202 (212)	952 (48)	215 (3)	3,369 (263)	3,534 (205)
3. Number actually treated ...	26,792 (2,727)	17,200 (796)	2,687 (98)	46,679 (3,621)	46,800 (3,234)
4. Additional courses of treatment commenced ...	3,160 (212)	2,209 (48)	335 (3)	5,704 (263)	6,756 (790)
5. Fillings—Permanent Teeth ...	23,674 (4,745)	38,019 (2,604)	7,730 (202)	69,423 (7,551)	79,876 (8,180)
Deciduous Teeth ...	40,535 (7,836)	3,362 (204)	— (—)	43,897 (8,040)	41,509 (5,985)
6. Teeth Filled—Permanent Teeth ...	20,452 (3,989)	34,065 (2,232)	7,054 (194)	61,571 (6,415)	68,678 (6,743)
Deciduous Teeth ...	36,847 (7,013)	3,205 (190)	— (—)	40,052 (7,203)	36,788 (5,269)
7. Extractions—Cariou—Permanent Teeth ...	569 (—)	1,941 (—)	399 (—)	2,909 (—)	3,229 (—)
Deciduous Teeth ...	14,530 (247)	3,534 (83)	50 (—)	18,114 (330)	17,743 (335)
8. Extractions—Orthodontic—Permanent Teeth ...	313 (—)	2,237 (—)	112 (—)	2,662 (—)	2,591 (—)
Deciduous Teeth ...	1,815 (68)	895 (8)	14 (—)	2,724 (76)	2,078 (59)
9. No. of General Anaesthetics—By Medical Anaesthetists	4,619 (—)	1,631 (—)	91 (—)	6,341 (—)	6,377 (—)
By Dental Officers ...	930 (—)	335 (—)	10 (—)	1,275 (—)	1,362 (—)
10. Patients X-rayed ...	888 (60)	1,743 (57)	350 (4)	2,981 (121)	3,049 (251)
11. Prophylaxis ...	8,801 (2,817)	8,206 (928)	1,604 (154)	18,611 (3,899)	19,664 (3,540)
12. Gum Treatment ...	777 (45)	714 (11)	207 (2)	1,698 (58)	1,658 (54)
13. Teeth otherwise conserved ...	10,462 (447)	1,830 (35)	101 (1)	12,393 (483)	12,049 (775)
14. Other operations—Permanent Teeth ...	1,510 (219)	3,683 (198)	867 (12)	6,060 (429)	5,837 (477)
Deciduous Teeth ...	7,351 (1,821)	766 (92)	21 (1)	8,138 (1,914)	8,410 (1,240)
15. Teeth root filled ...	188 (—)	111 (—)	27 (—)	326 (—)	408 (—)
16. Inlays ...	— (—)	11 (—)	7 (—)	18 (—)	14 (—)
17. Crowns ...	41 (—)	109 (—)	24 (—)	174 (—)	170 (—)
18. Number of dentures fitted ...	14 (—)	73 (—)	41 (—)	128 (—)	133 (—)
19. All courses of treatment completed ...	26,428 (2,504)	16,630 (793)	2,856 (125)	45,914 (3,422)	46,282 (3,323)
20. Orthodontics:	1968	1967			
(a) Cases remaining from previous year ...	1,418	1,240			
(b) New cases commenced during year ...	1,552	1,448			
(c) Cases completed during year ...	1,226	958			
(d) Cases discontinued during year ...	235	205			
(e) Number of removable appliances fitted ...	797	720			
(f) Number of fixed appliances fitted ...	3	4			
(g) Cases referred to Hospital Consultant ...	436	497			
(h) Attendances for orthodontics ...	15,995	13,116			

*The figures in brackets, which represent the work carried out by the Dental Auxiliaries, are included in the main figure

Health Education.

TABLE 24
HEALTH EDUCATION (OTHER THAN DENTAL) UNDERTAKEN BY
SCHOOL HEALTH SERVICE STAFF

Subject	No. of Talks		
	Primary Schools	Secondary Schools	Total
Child Care	12	76	88
Sex Education and V.D.	34	39	73
Hygiene	23	13	36
Drugs (including Smoking)	30	31	61
Accident Prevention	23	18	41
Structure and Function of the Body ...	28	14	42
Nutrition	21	19	40
First Aid	8	6	14
The School Health Service	11	14	25
Home Nursing	3	6	9
General Health	17	16	33
Care of the Feet	18	8	26
Total ...	228	260	488

This work has continued generally on the lines indicated in previous reports. Table 24 gives a general indication of the scope of the work. An interesting and pleasing development is the greatly increased number of head teachers of primary schools who have welcomed participation by School Health Service staff in their health education activities.

The range of subjects covered was as usual very wide. In the secondary schools (as also in further education establishments), the abuse of drugs continued to be regarded by head teachers as of interest and importance, and the range of visual aids to presenting this subject has increased considerably. In October some of this material was shown to members of the Health and Education Committees of the County Council.

In accordance with our established practice, both the subjects and the methods of presentation of health education in the schools are as chosen by the head teachers. There has, however, been an increasing tendency, particularly with regard to parent-craft, for teachers and area nursing officers to confer and plan the syllabuses jointly. An important feature of such syllabuses has been involvement of the children by the presentation of a test, following the course, or the preparation of material such as a display by the children themselves.

An exceptional arrangement was the provision of an intensive two-day health education course at a county secondary school at the request of the head teacher. This was jointly planned in great detail and a very large team was "fielded" for the purpose, including not only the School Health Service staff but the British Red Cross Society, County Ambulance Training Officers, a Consultant Venereologist, a General Practitioner, the Religious Education Adviser, an Industrial Safety Officer and an Activities Organiser from the Y.M.C.A. It would not, of course, be possible to enter upon an undertaking of this scale in many schools in any one year, and it is certainly open to debate whether this intensive type of presentation of health is as good as a planned, spreadout syllabus. Nevertheless, it was an interesting and valuable exercise in planning and co-operation between the School Health, Health Education and Teaching staffs. On the evening preceding the two days, the children's parents were invited to a meeting at which much of the material to be presented to the children was shown to the parents. This was a valuable meeting, with lively participation by the parents. No less useful was a meeting held subsequently at the school to evaluate the whole exercise.

It is obviously important that, so far as possible, parents should be aware of health education which is undertaken in the schools, particularly when it relates to potentially controversial subjects such as sex education. This apart, health education, which is primarily concerned with moulding the attitudes and way of life of the children, is likely to be far more effective if it carries the parents' support. Dr. Shail, School Medical Officer, commented on the frequency and success of parents' meetings on health education in her area.

Dr. Speller (S.M.O.) referred to the practical difficulties in some schools of displaying films to sufficiently small groups (preferably not more than 20) of children because of the lack of accommodation for such small groups. A further problem in some junior schools is presented by the limited black-out facilities.

HANDICAPPED PUPILS.

TABLE 25
HANDICAPPED PUPILS—1968

Category	Ascertainment		*Special Schools					Number receiving special educational treatment in ordinary school
	New cases ascertained during 1968	Number on register at 31.12.68	Number recmd. for admission during the year	†Number admitted during the year	‡Number discharged during the year	Number attending at the end of the year	Number awaiting placement at the end of the year	
Blind	2	17	2	4	—	13	3	—
Partially sighted	4	30	3	2	2	18	7	12
Deaf	6	39	8	10	10	38	1	—
Partially hearing	9	151	5	5	4	35	2	114
Delicate	28	219	39	43	34	77	3	107
Physically handicapped	38	241	20	22	26	72	7	57
Educationally sub-normal	163	1,135	155	137	113	452	192	611
Maladjusted	71	176	52	28	30	109	33	7
Epileptic	5	17	5	6	6	15	—	2
Speech defective	7	18	7	4	2	14	7	6
	333	‡2,043	296	261	227	843	255	916

*Includes boarding houses and hostels: excludes Hospital Schools and Spastic Units.

†Or transferred to Hampshire.

‡Includes children who reached the age of 16, even though they remained at special school.

‡1.36% of the school population.

Table 25, which relates solely to formally ascertained handicapped pupils, shows one or two interesting features. The number of newly ascertained **partially hearing** children is unusually small: over the past 10 years it has averaged 29 per year, and the school population has increased by 39% over that period. The number of children ascertained as **deaf** has also fallen a little as compared with recent years, so the fall in the numbers of partially hearing does not represent an interchange between these two categories. The number of **delicate** pupils is also a record low figure: this is a continuation of a steady trend, and, taken with other indices, can fairly be regarded as indicating improved health. The number of newly ascertained **maladjusted** children on the other hand is higher than those previously recorded and, for the reasons given in my last report, I believe that this represents under-ascertainment in the past.

The number of children (all categories) attending special schools has more than doubled in the past 10 years. Partly this is accounted for by the increased school-population, which of course affects all categories of handicapped pupil; but the other major factor has been the increased provision within the County for **educationally subnormal** pupils. In the year under consideration the **Rosemary Portal School** was opened at Compton as a residential school for 61 educationally subnormal pupils (31 boys and 30 girls) aged eight to 12, thus bridging the gap between the Diagnostic Unit and Lankhills School.

TABLE 26
DELICATE PUPILS—DIAGNOSIS

	New Cases	Total on Register
Asthma	23	103
Bronchitis	1	7
Congenital heart disease	1	12
Cystic fibrosis	—	3
Diabetics	—	8
General debility	2	35
Haemophilia	—	1
Hydrocephalus	—	2
Nephritis	1	6
Upper respiratory tract infection	—	4
Other conditions (previously classified)	—	38
Total	28	219

Six children with diabetes were sent on holidays organised by the Diabetic Association

It will be apparent from Table 26 that **asthma** is now by far the commonest condition leading to a classification of "delicate." A child is ascertained as a handicapped pupil in this category only if it is considered that he will benefit from attendance at a school for delicate pupils. Such schools (the one-time "open-air schools") are less specialised establishments than schools for the blind, the deaf, the crippled, etc. They are in fact places where the aim is to provide for the children an ordered daily regime in which they lead healthy lives, with an adequacy for suitable food, rest, sleep and exercise. Inevitably they are places where education takes second place to health. The children go initially for a term, with term-by-term extension of their stay if need be.

Asthmatics seem to do remarkably well at these schools. Asthma is a condition in which there is frequently a large psychological component, and there is a tendency to over-protection in the home. Perhaps this is why the children so frequently remain free from attacks while they are at an "open-air school"; though another factor in this could be the removal of the child from specific substances to which he is "allergic" in his own home—microscopic mites occurring in house-dust have recently been demonstrated as an important cause of such allergy.

TABLE 27
PHYSICALLY HANDICAPPED PUPILS—DIAGNOSIS

<i>Diagnosis</i>	<i>New Cases</i>	<i>Total on Register</i>
Cerebral palsy	13	92
Meningomyelocoele (including Hydrocephalus) ...	10	28
Congenital heart disease	—	5
Anchondroplasia	1	2
Congenital scoliosis	1	1
Congenital absence of limb	1	1
Morquio's disease	1	1
Congenital malformations (other)	2	32
Myopathy	3	13
Paralysis due to injury	3	5
Poliomyelitis	1	13
Cerebral tumour	1	1
Disseminated lupus erythematosus	1	1
Other conditions (previously classified)	—	46
Total ...	38	241

Table 27 shows as usual **cerebral palsy** as the main single cause of physical handicap. The number of new cases, and also the total number on the register, remains a fairly constant fraction of the school population. Table 28 shows the educational provision made for them.

On the other hand **meningomyelocoele (spina bifida)**, with or without **hydrocephalus**, is a condition of rapidly increasing frequency as a cause of physical handicap in school children. I made some comment on this condition in my annual report for 1966, pointing out that it is not new: what is new is the surgical treatment which is enabling the majority of such children to survive to school life, many of them incontinent and paralysed from the waist down. It seems likely on present information that for the next few years we must expect at least 19 or 20 such children per annum in the Administrative County, of whom about 15 will survive to require special educational treatment. Many of these will, it is hoped, be educated with special help in the ordinary schools: but some will undoubtedly need to attend special schools, and there are plans for Hampshire to share in provision which neighbouring authorities (particularly Portsmouth and Southampton) are proposing to make.

TABLE 28
EDUCATION OF CEREBRAL PALSIED CHILDREN

Attending Residential Special Schools	31
Attending Spastic Units—Cosham	21
Southampton (LEA)	11
Southampton (Spastic Society)	7
Odstock (LEA)	3
Poole (Spastic Society)	3
West Mead (LEA)	4
White Lodge (Spastic Society), Berks.	2
Awaiting Residential Special Schools or Spastic Units	3
Attending ordinary schools	7
Total ...	92

TABLE 29
CHILDREN WITH MULTIPLE HANDICAPS
As at 31st December, 1968
(In Table 25 these children are included under their "major" handicap)

<i>Double Defect Cases</i>					<i>Triple Defect Cases</i>			
<i>Major Handicap</i>	<i>Secondary Handicap</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>Combination of Defects</i>	<i>M</i>	<i>F</i>	<i>T</i>
Blind	Partially hearing	—	1	1	Educationally sub-normal	}	—	1
Partially sighted	Partially hearing	—	1	1	Epileptic			
Partially hearing	Educationally sub-normal	2	—	2	Partially sighted			
	Physically handicapped	1	—	1				
Educationally sub-normal	Partially sighted	3	1	4	}	—	1	1
	Partially hearing	—	1	1	Epileptic			
	Delicate	7	2	9	Educationally sub-normal			
	Physically handicapped	7	4	11	Physically handicapped			
	Speech defective	2	—	2				
	Epileptic	2	—	2				
	Maladjusted	1	1	2				
Epileptic	Educationally sub-normal	3	—	3				
	Maladjusted	—	1	1				
Maladjusted	Educationally sub-normal	2	2	4				
	Epileptic	1	1	2				
Physically handicapped	Educationally sub-normal	3	5	8	Physically handicapped	}	—	1
	Partially hearing	1	2	3	Educationally sub-normal			
Delicate	Partially hearing	1	—	1	Partially hearing			
	Total ...	36	22	58	Total ...	—	3	3
	Total 1967	31	20	51	Total 1967	—	2	2

Special Schools for the Educationally Sub-normal.

(a) COMPTON DIAGNOSTIC UNIT.

During 1968, 19 children were discharged with recommendations for placement as follows:—

For report to Local Health Authority as unsuitable for education at school ...	3
To attend residential special schools for educationally subnormal pupils ...	9
To attend day special school for educationally sub-normal pupils ...	7
Total ...	19

(b) DAY SPECIAL SCHOOLS.

At the end of the year the number of children attending the Authority's Day Special Schools was as follows:—

	<i>Total No. Attending</i>	<i>Ascertained as Educationally Sub-normal</i>
Norman Gate	80	31
Foxbury	90	32
Greencroft	58	27
Middle Park	92	30
Totals	320	120

EDUCATIONALLY SUB-NORMAL LEAVERS.

Forty-two children were recommended for care or guidance after leaving school and information concerning them was passed to the Local Health Authority.

TABLE 30
HOSPITAL SCHOOLS

<i>Hospital School</i>	<i>Type of case chiefly dealt with</i>	<i>Number of H.C.C. children attended during year</i>
Bursledon Annexe to Southampton Children's Hospital ...	General long-stay	74
Lord Mayor Treloar Hospital, Alton ...	Orthopaedic; and general short-stay	465
Total ...		539

In addition to the children taught in these hospital schools, one child received tuition at Christchurch Hospital, 16 at Capesthorpe Convalescent Home, Mudeford, and 22 at the Leigh House Psychiatric Unit, Chandlers Ford.

Fifty-nine handicapped pupils were receiving home tuition on about 18th January, 1969.

CHILDREN UNSUITABLE FOR SCHOOL IN 1968.

- (1) Education Act, 1944.
 - (a) Section 57:—30 boys and 22 girls were reported as unsuitable for education at school.
 - (b) Section 57(A)(2):—Report under Section 57 was cancelled in the case of one boy, who was then admitted to a residential special school.
- (2) "Unofficial" attendances at training centres for mentally sub-normal children.
27 children were admitted "unofficially," i.e., without formal report under Section 57 of the Education Act, 1944.

Rest Home Scheme.

During 1968 three girls and one boy of school age were sent for convalescence of two or three weeks following illness.

TABLE 31
INFECTIOUS DISEASES

(a) Notification of Infectious Disease in Children aged 5—14*

Scarlet Fever ...	114
Whooping Cough ...	138
Measles ...	669
Erysipelas ...	1
Pneumonia ...	11
Meningococcal Infection ...	3
Poliomyelitis ...	—
Encephalitis:—	
Infective ...	—
Post-infective ...	1
Tuberculosis†:—	
Pulmonary ...	10
Non-Pulmonary ...	1
Dysentery ...	75
Food Poisoning ...	17
Paratyphoid Fever ...	—
Tetanus ...	1
Infective Hepatitis ...	50

(b) Non-notifiable Infectious Diseases reported by Head Teachers

German Measles ...	487
Mumps ...	142
Chicken Pox ...	1,129

*Includes children attending Private Schools.

†Aged 5—19.

The Table (31(a)) of notifiable infectious disease in school children contains two interesting features. First is the small number of **measles** cases. In 1968 vaccination against measles was introduced and 17,296 school and pre-school Hampshire children were vaccinated against the disease. In these circumstances what is of special interest is the number of children notified with the disease in the **autumn**, i.e., after the introduction of vaccination. This figure is not available for school children separately, but taking the figures for all ages the following table gives a very promising indication of the success of vaccination against measles.

TABLE 32
NOTIFICATION OF MEASLES (all ages)

1964	4th quarter	3,638	}	14,578
1965	1st quarter	10,940		
1965	4th quarter	140	}	323
1966	1st quarter	183		
1966	4th quarter	3,938	}	19,233
1967	1st quarter	15,295		
1967	4th quarter	91	}	401
1968	1st quarter	310		
1968	4th quarter	575	}	1,637
1969	1st quarter	1,112		

The second point of interest is the appearance of **infective hepatitis** for the first time as a notifiable disease. This illness, very variable in its severity but on the whole mild in children, is a considerable cause of school absence. It has a prolonged but variable incubation period, and exclusion of contacts is rarely justifiable in ordinary schools. There is much to be learned about it; now that it is made notifiable we shall at least gain information as to its distribution and prevalence.

Dysentery was less prevalent than in the previous year; but two outbreaks at the Compton Diagnostic Unit, affecting some staff as well as children, were inevitably very disturbing in such an establishment.

An outbreak of vomiting occurred in December in two neighbouring schools in the south of the County. It did not appear to be related to the school meal (though both schools were supplied from the same kitchen) as some children were affected who did not take school dinners. No organism was isolated and a diagnosis of "winter-vomiting" was made.

TABLE 33
B.C.G. VACCINATION OF SCHOOL CHILDREN

(a) Number offered vaccination	...	...	13,925
(b) Number tuberculin tested ...	...	...	11,313=81.3% of (a)
Positive result	...	...	1,176=10.4% of (b)
Negative result	...	...	9,663
Absent from reading	...	...	474
(c) Number vaccinated	...	...	9,543=68.5% of (a)

TABLE 34
CHILDREN FOUND VERMINOUS WITH HEAD-LICE

School Groups	Numbers on Registers	Total Inspections	Total found verminous for the first time during year (nits with or without lice)					
			Boys		Girls		Both Sexes	
			No.	%	No.	%	No.	%
Primary or Nursery School Children	93,337	17,844	72	0.15	136	0.29	208	0.22
Secondary School Children	57,142	2,295	7	0.02	30	0.10	37	0.06
All ages	150,479	20,139	79	0.10	166	0.22	245	0.16

NOTE.—These percentages are based on the assumption that there are equal numbers of both sexes on the Registers. Children were found verminous in 66 (13.4%) schools.

TABLE 35
DEATHS OF SCHOOL CHILDREN

Malignant diseases (including leukaemia) ...	...	...	14
Heart and circulatory disease ...	...	...	6
Influenza ...	...	...	1
Pneumonia ...	...	...	18
Other diseases of respiratory system ...	...	...	6
Nephritis and Nephrosis ...	...	...	2
Motor vehicle accidents ...	...	...	5
All other accidents ...	...	...	9
Other conditions ...	...	...	9
Total			70

School Meals and Milk.

I am indebted to the County Education Officer for the following information:—

SCHOOL MEALS.

During the year, 397 departments were supplied with meals cooked on the premises and 91 with container meals from other Schools or Cooking Depots.

The daily number of meals provided for pupils in each of the last six years (as determined on a sample day in the Autumn Term of each year) was:—

1963	77,565	1966	98,930
1964	84,658	1967	106,015
1965	91,100	1968	109,807

Of a total of 140,016 day pupils in School on a day in September, 1968, 78.42% took a school meal.

Two Cooking Depots are operated, their outputs being:—

Portchester ...	1,500
Romsey ...	850

SCHOOL MILK.

As from the beginning of the Autumn Term, 1968, milk ceased to be available for senior pupils at maintained and non-maintained schools.

(a) Non-Maintained Schools.

Sixty-three non-maintained schools were supplied with milk, all having a pasteurised supply. In September, 1968, 3,293 (85.9%) pupils took milk in school.

(b) Maintained Schools.

All maintained Primary Schools were provided with pasteurised milk. The number of children receiving milk is shown in Table 35.

TABLE 36
NUMBER OF CHILDREN RECEIVING MILK IN SCHOOL

	No.	%*
Nursery	38	93.2%
Primary	79,937	90.4%
	79,975	90.4%

*Percentage of primary children at School one day in Autumn Term.

TABLE 37
GENERAL STATISTICS

Number of school children on Registers of Maintained Schools—150,480 (September, 1968)

	Nursery Schools	Primary Schools	Secondary Schools				Totals
			Grammar	Modern	Bilateral	Comp.	
New school or department premises opened ...	—	19	—	—	1	1	21
Permanent closures	—	6	—	1	—	—	7
Number of schools at 31.12.68:—							
County	1	263*	15	53	3	1	336
Voluntary	—	156	3	3	—	—	162
Total	1	419*	18	56	3	1	498
Average number of children on school registers in school year 1967-68	34	93,245	12,925	39,230	1,578	—	147,012

Openings and closures are for calendar year 1968.

*Includes eight Special Schools and two Hospital Schools.

